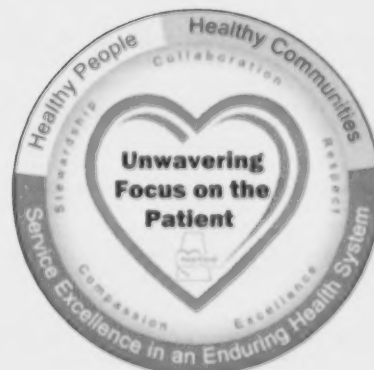




Heartland Health Region's Annual Report 2016-2017



**For the 2016-17 Fiscal Year
Ended March 31, 2017**



Heartland Health Region

OUR VISION

***Healthy People, Healthy
Communities, and Service Excellence
in an Enduring Health System***



OUR MISSION

***To be responsive and innovative in
supporting people and communities in rural Saskatchewan in
their pursuit of optimal health.***

OUR VALUES:

- ❖ ***Compassion***
- ❖ ***Respect***
- ❖ ***Collaboration***
- ❖ ***Stewardship***
- ❖ ***Excellence***

WE WILL FOCUS ON:

Better Health

Better Care

Better Teams

Better Value

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Access the Annual Report online at:

<http://hrha.sk.ca/publications-media/annual-reports/>

Letter of Transmittal

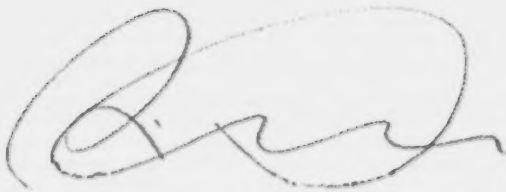
To: The Honourable Jim Reiter
Minister of Health

Dear Minister Reiter;

The Heartland Regional Health Authority (HRHA) is pleased to provide you and the residents of the health region with the 2016-2017 annual report. This report provides the audited financial statements and outlines activities and accomplishments of the region for the year ended March 31, 2017.

The Heartland Health Region (HHR) had many successes during the fiscal year. The overall success of the HHR is gratefully attributed to the dedication and commitment of the employees and medical staff of the Heartland region, investments from the Province of Saskatchewan, as well as the generous residents who give generously of time and money to ensure that they, their families and their neighbours have access to quality health care.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'Richard Anderson', with a large, sweeping initial 'R'.

Richard Anderson
Chairperson

Overview of the Annual Report

The 2016-2017 Annual Report highlights successes and challenges we have had during the past year. It outlines some of the programs and initiatives we have been working on throughout the region. The report also shows how our programming and services align with the Ministry of Health's Health System Plan.

In the Heartland Health Region, we are committed to offering services in a way that ensures access while facilitating teamwork and communication at every junction. The region has been working hard to recruit and to retain the talented professionals required to establish and to maintain levels of service. Continuous quality improvement and a commitment to the safety of our clients and staff will ensure we excel at what we do. By working together with all stakeholders we can remain accountable and transparent while moving forward (together) as partners in shaping the future of our healthcare system. We cannot predict the future environment within which we will exist; however, when planning for anticipated change we can consistently put the clients' needs and wishes first.

Did You Know?

On a yearly basis, Heartland Health Region:

- Admits more than 2,058 acute care patients to hospital;
- Provides more than 1,000 surgeries, and endoscopy procedures;
- Has more than 35,595 ambulatory care and out-patient visits;
- Responds to more than 3,382 emergency medical service calls (EMS);
- Conducts over 605,521 laboratory tests and x-ray exams;
- Conducts over 2,202 ultrasound exams;
- Provides more than 3,631 doses of influenza vaccine to populations over age 65;
- Provides education on diabetes to more than 2,562 clients;
- Provides mental health and addictions services to more than 9,835 clients;
- Provides physiotherapy and occupational therapy to over 11,808 clients;
- Provides service to more than 2,038 home care clients;
- Provides residential care to more than 480 residents in long term care.

Vision, Mission and Values

"Healthy People, Healthy Communities, and Service Excellence in an Enduring Health System" is the vision for the region. The mission is "To be responsive and innovative in supporting people and communities in rural Saskatchewan in their pursuit of optimal health. Our values are Compassion, Collaboration, Excellence, Respect and Stewardship.

Regional Health Plan

The Heartland Health Region is responsible for the delivery of health care services to citizens living within its borders. This year we continued on our journey to achieving our Health Plan 2016-2017. The Health Plan sets out how we turn our strategies into actions that are aligned with

the Provincial Health System. It is the 'Strategic Directions' that establish the actions the Region will take.

We use a coordinated process similar to the rest of the provincial health regions for strategic planning. It is a system where goals are jointly determined, plans to achieve the goals are established, and measures are created to ensure progress towards these goals. Our Strategic Direction is intended to help us "focus and finish." It involves identification of shared goals, communicating the goals to all leaders and holding participants accountable for achieving their part of the plan. The strategic planning process provides the region with a valuable opportunity to review our priorities and determine action plans to meet those goals.

There are four long term strategies identified as priorities for the provincial system. These are Better Health, Better Care, Better Value and Better Teams.

Provincial Health System Goals

Better Health

Improve population health through health promotion, protection and disease prevention, and collaborating with communities and different government organizations to close the health disparity gap.

Better Care

In partnership with patients and families, improve the individual's experience, achieve timely access and continuously improve healthcare safety.

Better Value

Achieve best value for money, improve transparency and accountability, and strategically invest in facilities, equipment, and information infrastructure.

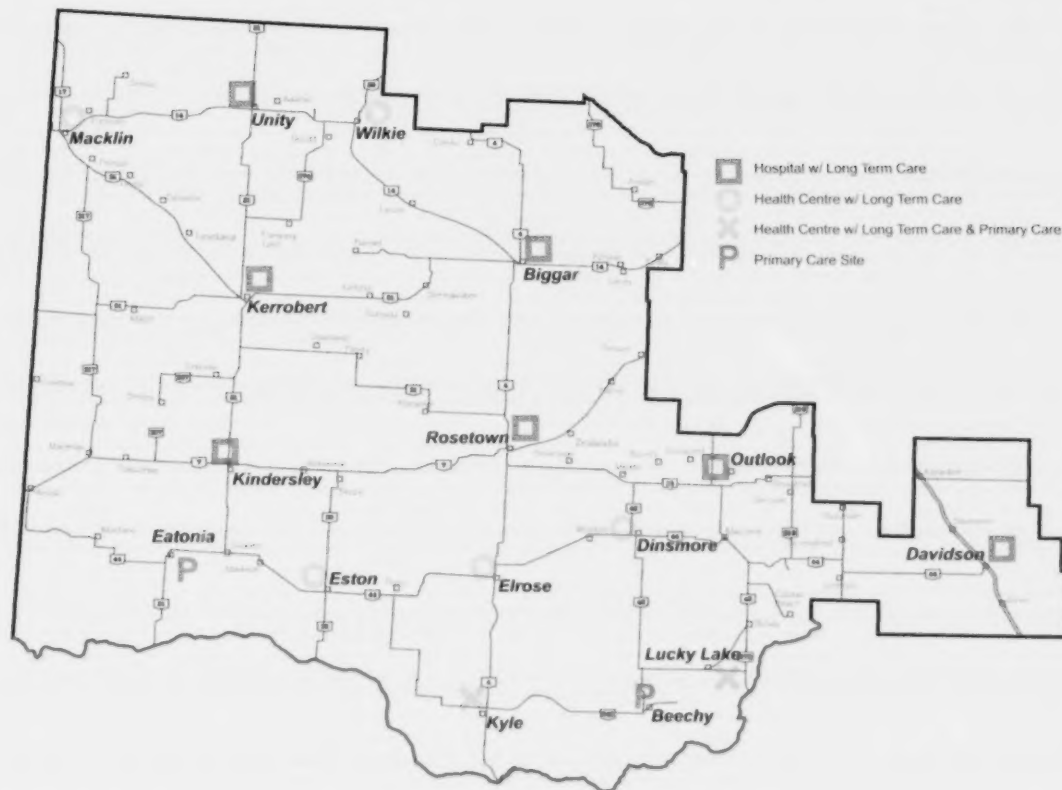
Better Teams

Build safe, supportive and quality workplaces that support patient and family-centred care and collaborative practices, and develop a highly skilled, professional and diverse workforce that has a sufficient number and mix of service providers.



Information about Strategic Planning for the Saskatchewan health care system and the Ministry of Health Plan for 2016-17 is available on the government website:
<http://www.finance.gov.sk.ca/PlanningAndReporting/2016-17/HealthPlan1617PRINT.pdf>

Figure 1: Heartland Map of Facilities



Heartland Health Region Overview

Administrative Structure

Under the direction of the President/CEO, Heartland's four Vice-Presidents carry out the portfolio responsibilities of Health Services, Human Resources, Corporate Services, and Primary Health/Quality Services. The Senior Medical Officer is a key member of the Senior Leadership Team, providing guidance and advice that helps the region align programs and services with the professional skills of physicians practicing in the region. Further leadership and support for the portfolio responsibilities is identified in the Organizational Chart shown in Figure 2 on page 10.

Programs and Services

Primary Health Care Services

Various models of Primary Health Care (PHC) services exist across the Region. In many communities PHC is delivered through the traditional model of clinic based services delivered by single or group practice physicians. In contrast to the traditional model, the communities of Beechy, Lucky Lake and Kyle have a well-established team-based, collaborative model of care. These three communities share a single physician who rotates through each community on a weekly basis and supports and collaborates with a full-time Nurse Practitioner (NP) assigned to each of the communities. This means a community has access to a full-time NP five days a week and if need be the NP can consult with the physician on a daily basis regardless of which community the physician is visiting. This past year the NP from Kyle travelled to Elrose one day a week to provide service to that community.

The communities of Kerrobert and Eston also have a physician and NP working in a collaborative manner. The partnership looks a little different in Eston in that the NP and physician are not currently co-located in the same facility. While the Eston Physician primarily provides PHC clinic services and coverage for Long Term Care, this physician is now participating in the Emergency Room call rotation in Kindersley. This has been valuable in terms of supporting a collegial relationship and support team between both communities.

In August, a Nurse Practitioner was hired for Macklin. She works in collaboration with a physician from Kindersley who travels to Macklin one day a week to provide service to that community.

The variation in PHC across Heartland is a testament to the fact there is no one way to deliver service – it depends on geography, population needs and opportunities.

While physician and NP services are one hub of PHC, another hub consists of the service provided by other providers, such as Community Dietitians, Diabetes Nurse Educators, Exercise Therapists, Physical and Occupational Therapists, Mental Health and Addictions Counsellors, Home Care, and community Pharmacists, to name a few. As Heartland continues to grow and develop PHC services, this hub of service providers continue to be key partners in developing new intake and assessment procedures, better

referral processes, and increased collaborative practice with the goal of improving the client's care plan. PHC can look different and involve different practitioners, but ultimately the goal is the same: collaborating together, to offer an enhanced, coordinated and improved care plan to the client.

Quality Services

Using different approaches and methods, the Quality Services Department supports improvement initiatives across Heartland's clinical services and programs.

In some cases these improvement initiatives are initiated through provincial priorities. Quality Services also takes on improvement initiatives identified by frontline staff and the management team as Heartland Health Region's operational priorities.

While many improvement initiatives come out of a provincial mandate or Regional operational priorities, there are also other sources that drive improvement work. Individual client or family concerns, or critical incidents involving a near miss or actual adverse event, may present several improvement opportunities for improving the safety and quality of our frontline services. Risk management also occurs in the form of responding to and monitoring improvements triggered by a "Patient Safety Alert" from the Ministry of Health, or product and equipment vendors.

Heartland has been using continuous improvement tools and improvement methodologies to support improvement initiatives across the region. The key advantage in using these types of methodologies is the staff participation, engagement and ownership of improvement ideas. One such event is called 5S. This is a process and method for creating and maintaining an organized, standardized, clean and safe workplace. It allows staff to have what they need to do their job, when they need to do it, and it empowers employees to take ownership of their work area. Another event is called Mistake Proofing. Mistake Proofing prevents mistakes before they create defects. This improvement initiative helps to eliminate rework, reduce costs, and ultimately enhance quality and safety. There are many other types of quality improvement initiatives that are used within the health system and they are very effective in team-building and improving overall services.

In addition to improvement initiatives, Quality Services also spends time handling privacy matters. Tending to privacy issues ranges from processing access to health information by clients or other stakeholders, investigating and handling privacy concerns from individual clients and families, and assisting with updating and improving our policies and practice related to privacy matters.

Regardless of the topic or area of work, Quality Services often follows a similar format: gather information and data, clearly understand the problem, and develop and test new processes for improving the situation.

Population Health Services

Population Health Services is comprised of Public Health Inspection, Public Health Nursing, Dental Health Education, Population Health Promotion, Public Health Nutrition, Parent Mentor Program and Infection Prevention and Control.

The objective of the Public Health Inspection program is to prevent illness and injury by reducing physical, chemical and biological hazards. Public Health Inspectors complete inspections on restaurants, plumbing, sewage, water, swimming pools and invasive personal services. As well, they offer Food Safe courses in the classroom setting and online.

Public Health Nursing offers a variety of programs such as pre and postnatal care, breastfeeding support, immunization, car seat safety, health education and counselling, communicable disease control, and international travel clinics.

The Dental Health Education Program offers oral health services such as dental sealants and fluoride varnishes to schools identified at high risk of tooth decay as well as fluoride mouth rinse programs in targeted schools. The dental team also offers dental health assessments and fluoride varnishes to the preschool population and provides counseling and oral health skill development to their parents and families.

Population Health Promotion and Public Health Nutrition work with all ages to promote better health outcomes. They guide other professionals in best practice and consult with communities and organizations.

The Infection Control program is responsible for the surveillance and reporting of healthcare acquired infections, educating employees and clients about infection prevention, and the development of policies and procedures to ensure infection control standards are met. The Infection Control Practitioner (ICP) works closely with Heartland's Medical Health Officer, Communicable Disease Program, Occupational Health and Safety, Environmental Services and the provincial Infection Control Practitioner group.

Community-Based Services

To ensure clients can access services closer to home, the Region provides community-based services for Mental Health, Addictions and Therapies in the larger communities in the Region. Outlook, Rosetown, Kindersley, Unity and Biggar Health Centres all house the following professionals:

- Community Mental Health Nurses, Adult Counselors, and Child and Youth Counsellors,
- Addictions Counsellors, and
- Physiotherapy and Occupational Therapists and Community Therapy Aides.

These professionals all have satellite clinics in their areas where they travel to.

Also included in the community-based services program are regional programs such as Autism Spectrum Disorder Program, Speech Language Pathology, Community Inclusion Support Services, and Podiatry.

Hospital/Acute Care

Acute care services in Heartland which include acute care inpatients, diagnostics (lab, x-ray and ultrasound), outpatient and emergency department services are provided in six community hospitals (Unity, Kerrobert, Biggar, Rosetown, Outlook and Davidson) and one district hospital (Kindersley), as designated by Ministry of Health. The region's seven hospitals provided 78 designated acute care beds with obstetrical and low-complexity surgeries offered in Kindersley and Rosetown. Table 2 on page 11 provides a summary of acute, long term care and program beds in Heartland Health Region, and their locations.

Continuing Care

Heartland and its affiliate, St. Joseph's Health Centre (Macklin) provide Institutional Supportive Care (Long Term Care - LTC) in 480 beds. These beds are located in 14 communities. (See Table 2 on page 11). Placement into our Long Term Care facilities is prioritized based on assessed need. Heartland's facilities also offer additional temporary care beds that provide respite, palliative and convalescent care.

Home Care Services

Home Care provided a range of services including nursing, personal care, nutrition support, homemaking, palliative care, mental health support, home oxygen therapy and adult wellness clinics. Home Care also provided short-term acute care services on an as needed basis. Home Care gave services to 2,038 clients in the 2016-2017 year. There were 31,169 meals supplied to 295 clients during this fiscal period.

Emergency Medical Services (EMS)



The Heartland Health Region has sixteen EMS sites. Of these sixteen sites, fourteen are region owned and operated. The two contracted EMS services are located in Beechy and Elrose.

Heartland EMS services responded to 3,382 calls in 2016-2017. This is a regional decrease of 156 calls from 2015-2016. The EMS sites are staffed with Emergency Medical Responders (EMRs), Emergency Medical Technicians (EMTs), Emergency Medical Technician – Advanced (EMT-As) and

Emergency Medical Technician – Paramedics (EMT-Ps). There are approximately 120 EMS staff employed in the region. The majority of these staff are on-call casual employees.

Table 1: EMS Calls in Heartland Health Region

Site	2015-2016 EMS Calls	2016-2017 EMS Calls	Increase/Decrease
Beechy	65	44	-21
Biggar	481	537	+56
Davidson	274	317	+43
Dinsmore	47	49	+2
Doddsland	21	22	+1
Eatonia	18	0	-18
Elrose	37	27	-10
Eston	172	165	-7
Kerrobert	202	196	-6
Kindersley	773	623	-150
Kyle	57	57	0
Luseland	4	13	+9
Macklin	98	108	+10
Outlook	353	367	+14
Rosetown	461	434	-27
Unity	386	348	-38
Wilkie	89	75	-14
Regional Total	3538	3382	-156

Figure 2: Organizational Structure

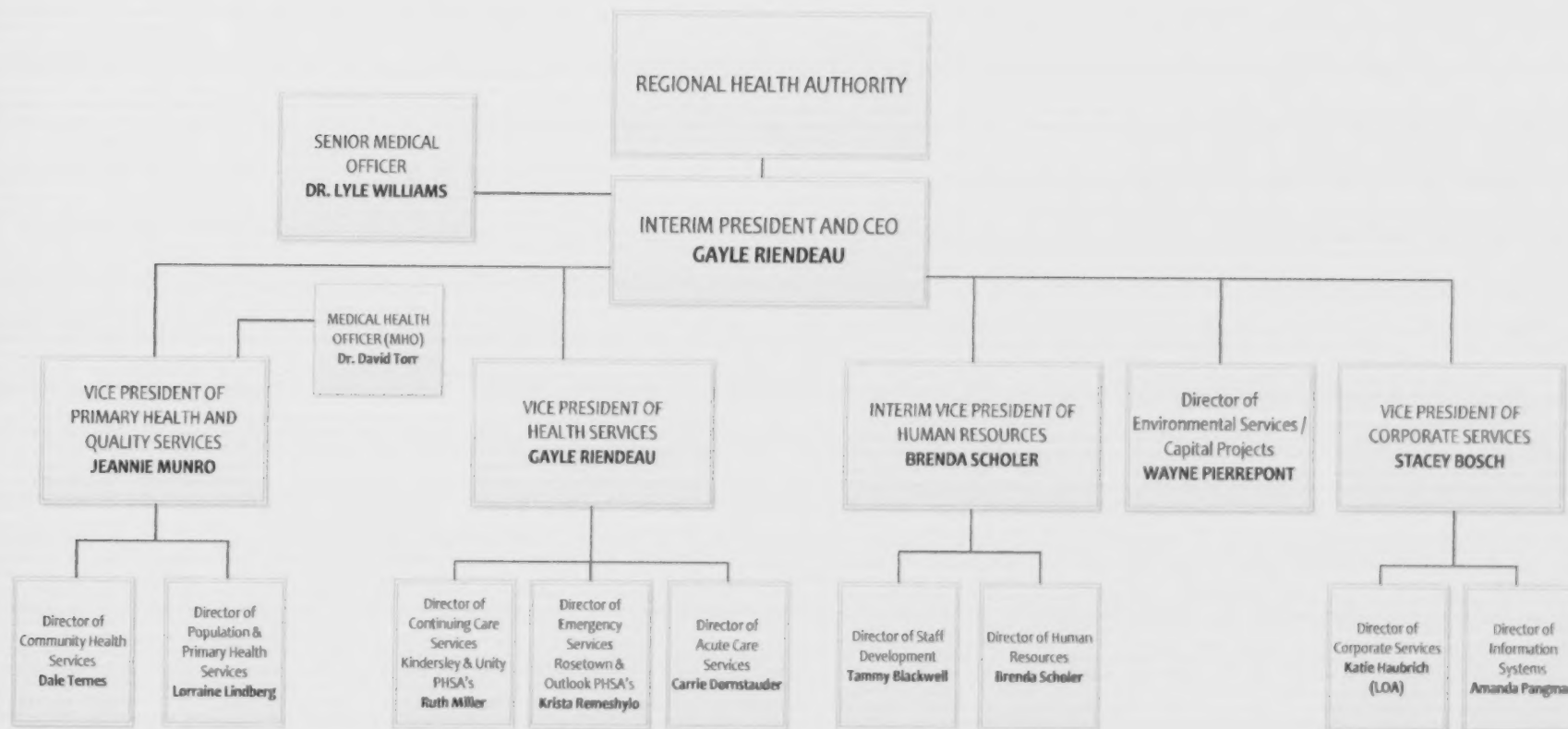


Table 2: Summary of Acute, Long Term Care and Program Beds (2016-2017)

Facility	Category Offered	Acute	Long Term Care	Alternate Level of Care (ALC)	Total Beds in Operation
Hospitals					
District Hospital					
Kindersley & District Health Centre	Acute, ALC	21	0	5	26
	LTC, ALC	0	77	2	79
Total District Hospitals		21	77	7	105
Community Hospitals					
Biggar & District Health Centre	Acute, LTC, ALC	13	53	3	69
Davidson & District Health Centre	Acute, LTC, ALC	2	30	6	38
Kerrobert & District Health Centre	Acute, LTC, ALC	6	30	2	38
Outlook & District Health Centre	Acute, LTC, ALC	10	42	6	58
Rosetown & District Health Centre	Acute, ALC	16	0	5	21
	LTC, ALC		52	2	54
Unity & District Health Centre	Acute, LTC, ALC	10	32	3	45
Total Community Hospitals		57	239	27	323
Sub Total District/Community Hospitals		78	316	34	426
Health Centres					
Beechy Health Centre	Health Centre (5 days/wk)	0	0	0	0
Dinsmore Health Centre	LTC, ALC	0	18	3	21
Eatonia Health Centre	Health Centre (5 days/wk)	0	0	0	0
Elrose Health Centre	LTC, ALC	0	30	3	33
Eston Health Centre	LTC, ALC	0	31	4	35
Kyle Health Centre	LTC, ALC	0	17	3	20
Lucky Lake Health Centre	LTC, ALC	0	17	3	20
Wilkie Health Centre	LTC, ALC	0	29	5	34
Health Centres Subtotal		0	142	21	163
Total HHR Beds		78	458	55	591
Affiliated Health Centre					
St. Josephs - Macklin	LTC, ALC	0	22	4	26
Grand Total					
		78	480	59	617

* Alternate Level of Care beds may include respite, convalescent, palliative and observation

Table 3: Statistical Data for 2016 – The Year at a Glance

STATISTICS - Hospitals	2016	2015
Acute Care Inpatient Separations*	2,058	2,387
Live Births	13	16
Surgical Cases (OR & Day Surgery in OR) 2016 - Endoscopy – 879, Surgery - 121	1,000	1,164
Hospital Emergency Room Visits	23,760	24,609
Hospital Ambulatory - Scheduled Visits - General Medicine	11,835	12,777
Specialty	1,957	1,912
In-House Laboratory Tests and X-ray Exams	605,521	568,837
Ultrasound Exams	2,202	2,235
Ambulance Calls	3,382	3,538
STATISTICS - Continuing Care	2016	2015
Long-Term Care Separations*	222	240
Temporary Care Separations*	349	314
STATISTICS - Community Services	2016	2015
Physiotherapy Occupational Therapy Visits	11,808	12,244
Speech & Language Pathology Visits	312	371
Dietitian Visits	3,055	2,961
Diabetes Nurse Educator Visits	2,562	2,246
Podiatry Visits	2,074	2,137
Mental Health and Addictions Service Events	9,835	8,532
Telehealth Clinics and Education Sessions	1,295	1,128

* Separations refers to discharges

Governance and Transparency

Heartland Regional Health Authority (HRHA) has completed its thirteenth year of operation. A ten member Regional Health Authority (RHA) serves the region. The authority is responsible to ensure the planning, organizing, delivering, monitoring and evaluation of health services delivered in the region. Board members include Chairperson Richard Anderson, Vice Chairperson Lorreen Illott, Loretta Goring, Gary Groves, Lyle Rankin, Mark Stockford, Norman McIntyre, Bernadette Heintz, Geoff Legge and Carey Baker.

Figure 3: HRHA Board



Back Row L-R:
Carey Baker - Unity,
Mark Stockford- Kindersley,
Geoff Legge- Rosetown,
Norman McIntyre - Wiseton,
Gary Groves - Rosetown and
Richard Anderson - Kerrobert
Front Row L-R:
Bernadette Heintz-Handel,
Loretta Goring- Biggar and
Lorreen Illott - Eston
Missing below: Lyle Rankin-
Outlook



Code of Conduct and Ethics

In keeping with the RHA's Code of Conduct, individual members of the RHA are expected to conduct themselves in an 'ethical and businesslike' manner. Board and staff alike are expected to conduct themselves in keeping with the region's values.

The Heartland Health Region places a high value on balancing the public's high expectations for health care programs and services with available human and financial resources within the context/realities of the present day. Within these contexts, ethical dilemmas sometimes arise. The Heartland Regional Ethics Advisory Committee has developed a regional Code of Ethics as well as an Ethics Decision-making Framework to provide references and a process to assist people (staff, physicians, community stakeholders) to find a resolution to these dilemmas. Additionally, the Ethics Advisory Committee continues to offer an Ethics Consultative service to clients, families, staff, physicians and community members.

Policy Governance

The RHA uses an adapted policy governance model that strengthens and advances interdependent relationships between the Authority, regional stakeholders, and Heartland's President/CEO. A

monthly review of governance policies at board meetings ensures compliance with Heartland's governance process. The Board participates in an accreditation process using the governance functioning tool, conducting a self-assessment using Accreditation Canada's governance standards, and actively participating in the on-site survey.

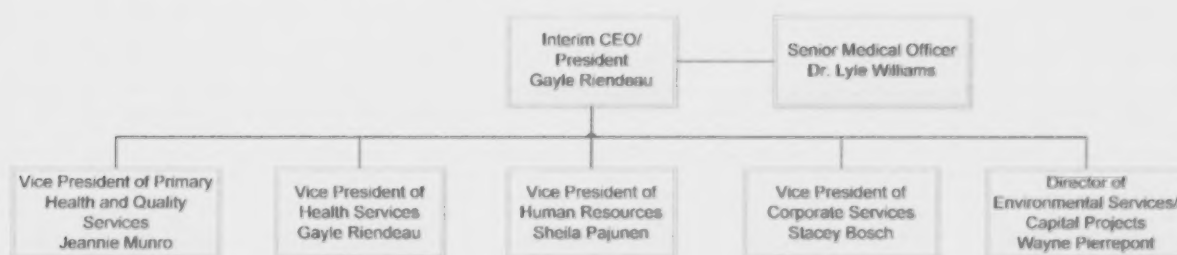
Roles and Responsibilities

The annual Accountability Document and the Health System Plan provided by the Ministry of Health identify specific program and service expectations for the health region. The region's strategic directions are aligned with those of the Ministry of Health, all Saskatchewan Health Authorities, and the Saskatchewan Cancer Agency.

The government, RHAs and the Saskatchewan Cancer Agency (SCA) are focused on quality patient care and improving the patient experience. CEOs and executive staff play a critical role in the health system and have been asked to lead transformational change throughout the health system.

The President/CEO reports directly to the RHA regarding general and daily operations of the health region. The Senior Leadership Team, comprised of four vice-presidents, the Director of Environmental Services, the Senior Medical Officer and the President/CEO, meets frequently and are responsible for planning, integrating and delivering health services throughout the region. This past year, the President/CEO left the organization in September, 2017. An Interim CEO/President who was also the VP of Health Services was appointed at that time and as of March 31st that role continued to be filled by the same person.

Figure 4: Senior Leadership Reporting Structure



The Regional Operational Planning Team (OPT) comprised of the CEO, the Senior Leadership Team and all program Directors, meet regularly. The OPT is a regional forum of health care leaders dedicated to enhancing the client's experience through collaboration amongst portfolios. Using a leadership style that facilitates change, the team addresses strategic direction and operating practices to ensure health system improvements. The OPT members provide input into strategic and operational plans, ongoing action plan development and performance monitoring.

Partnerships

Ministry of Health

The Ministry of Health is the region's most significant stakeholder, providing policy direction, setting and monitoring standards, providing funding, supporting RHAs and ensuring the provision of essential and appropriate services to regional residents. The Ministry defines performance and outcome measures and establishes accountability parameters. A provincial *Accountability Document* defines the performance relationships between regional health authorities and the Province. It articulates the expectations for the organizational programs, service and funding of regional health authorities.

Health Shared Services Saskatchewan (3sHealth) and Saskatchewan Association of Health Organizations (SAHO)

The partnership to form 3sHealth was established between all Saskatchewan health regions and the Saskatchewan Cancer Agency in April 2012.

3sHealth is an organization that leverages economies of scale, best practices and shared expertise, working collaboratively with the health regions and Saskatchewan Cancer Agency to improve quality and efficiency of selected administrative and support services. 3sHealth assumed the established shared services provided by SAHO such as payroll, group benefits, and procurement contracts administration.

SAHO operates as the representative employer for health regions in collective bargaining negotiations and interpretation.

Sun West School Division

Heartland Health Region has a close working relationship with the Sun West School Division. Besides collaborating on matters involving Child and Youth mental health, a Memorandum of Agreement was signed between the Region and the School Division effective September 1st, 2015 facilitating the Region providing education regarding addictions issues to classes in both elementary and high schools. A Violence Risk Assessment workshop was held in 2015 and since then, the schools and Child and Youth Counsellors continue to be involved in these assessments.

Living Sky School Division

Heartland's territory includes the Macklin, Wilkie and Unity areas which are under the jurisdiction of the Living Sky School Division. A Memorandum of Agreement similar to the one Heartland has with the Sun West School Division is also in place in the Living Sky School Division. Programs such as the Prevention of Alcohol Related Trauma in Youth (P.A.R.T.Y.) and Talking to Youth Live (TTYL) programs are now taking place in the Living Sky School Division schools.

Other Partnerships

The Saskatoon Health Region is another important regional partner. With no tertiary or regional hospital, inpatient psychiatric or inpatient addictions services within Heartland Health Region, professionals and physicians in the region work closely with health providers in Saskatoon to ensure that patient/client health needs are met. The Saskatoon Health Region provides psychiatrists on contract to visit the communities of Rosetown, Kindersley, Outlook and Biggar on a monthly basis to provide local access for psychiatric clients. The Saskatoon Health Region also

hosts services such as a Forensic Child Psychologist who assesses clients and families. Mental Health and Addictions staff take advantage of webinars and Telehealth presentations provided by Saskatoon Health Region that allow staff to access educational opportunities without incurring the costs of travel and accommodations.

The region worked with the Cypress Health Region in order to provide Nurse Practitioner and Physician services in the community of Eatonia. This past year Heartland continued to partner with Cypress Health Region for sterilization of medical devices for our region. This contract is monitored by the Regional Surgical Team with input from the Infection Control Practitioner.

Community Advisory Networks

Heartland strongly believes in networking through existing groups rather than establishing another formal layer. In particular, the RHA has worked closely with community groups (e.g.: West Central Municipal Government Committee (WCMGC) and the Waterwolf Planning Commission) to successfully resolve issues related to equipment requirements, service levels and resident concerns. A Community Advisory Network (CAN) was set up in Kindersley this past year in response to the Kindersley Primary Health Care Needs Assessment completed in March, 2015. It has twelve members and meets quarterly. Its purpose is to contribute to the planning process in Heartland Health Region specific to the Kindersley area.

The RHA maintained ongoing links with a variety of groups, organizations and processes by:

- Receiving delegations at Authority meetings
- Conducting public meetings in communities across the region
- Participating as a reporting member of West Central Municipal Government Committee and the Waterwolf Planning Commission
- Liaising with local Health Foundations
- Working with local community physician recruitment groups
- Linking with Rural Economic Development Associations
- Participating in Regional Intersectoral Committees
- Liaising and planning with School Divisions and Regional Colleges
- Maintaining regular contact with and expressing appreciation for volunteer organizations
- Remaining receptive to concerns and issues of special interest groups

Key Partners and Health Care Organizations

Health and Community Foundations

Health foundations and community donors play an important role in ensuring we have up to date equipment to provide quality health care to the residents of Heartland Health Region. Our region has approximately 20 community foundations and advisory groups within its boundaries. In 2016-2017, we invested \$316,839 in upgrades to our facilities, and purchased approximately \$1,233,460 in capital equipment, where 29% of the equipment was funded from foundations and donations. Equipment purchased in 2016-2017 was split as per the categories below:

Table 4: Equipment Purchased in 2016-2017

Category	Total Spent
Patient Comfort and Safety Equipment	\$166,470
Surgical & Emergency Room Equipment	\$242,444
EMS	\$496,571
Acute & Long Term Care Nursing Equipment	\$162,298
Diagnostics	\$51,947
Information Systems	\$36,057
Home Care, Public Health Nursing, Therapies	\$20,658
Support Services	\$57,013

In 2016-2017, the region was able to purchase surgical equipment, laboratory equipment, defibrillators, resuscitation devices, vital signs monitors, IV pumps, therapeutic equipment, electronic beds, and ceiling tracks. Donations from foundations, individuals, and bequests funded \$357,431 of our capital equipment purchases this year. The donations that were received in 2016-2017 were used primarily to purchase equipment for EMS Services, long term care facilities, acute care, and emergency rooms. Donations were also made directly to facilities in the region and are deposited into restricted accounts to be used for capital and small equipment purchases.

BridgePoint Center Inc., Milden

One of Heartland's Community Based Organization's is BridgePoint Center for Eating Disorders in Milden, Saskatchewan. What started out as a pilot project over 18 years ago has turned into an innovative eating disorder program that has gained attention at a national level and has positively impacted thousands of lives. Saskatchewan residents are fortunate to be able to access holistic residential programming for disordered eating – including bulimia, anorexia, binge eating disorder and eating disorders not otherwise specified. Programming of this type typically costs over \$1000 per day; the programming at BridgePoint is available to Saskatchewan residents at no cost through the continuum of care. Last year there were 171 program days with participants from three provinces who attended Bridgepoint. Support is available throughout the year for participants and their families through our pre and post participant care program.

Last December a new Executive Director was hired. She has begun work on modernizing branding of the center and revamping the corporate identity. To increase the audience and word of mouth, a new website has been created; a Facebook page is available and informational brochures have been distributed in the community and to other health care providers. In addition to these marketing initiatives, there is renewed community engagement and receptiveness of tours of the facility and presentations to health facilities, school divisions, professionals and family members.

Community Inclusive Support Services Program

The Community Living Division of the Ministry of Social Services funds a Community Based Organization operated by Heartland Health Region providing services to individuals with disabilities. With the scope of the program being expanded to serve all of Heartland Health Region, the families and clients in the southern part of the Region have benefited greatly as they generally were not served in the past. In the 2016-2017 year, the Program Manager who works out of Unity and the Consultant who is headquartered at the Kyle Health Centre have experienced an increase in the number of clients they are serving. They have primarily been assisting clients in applying for grants for services through the Cognitive Disability Strategy that the Ministry of Social Services funds and applications have been generally successful.

The Program is currently serving 156 children/youth and their families by helping them access supports and services. They continue to partner with all communities in our region, five school divisions, three Cognitive Disability Strategy (CDS) regions and all provincial/regional ministries in Heartland Health Region to assist families with navigating the systems and finding appropriate services and supports based on the needs of their child/youth and priorities identified by their family.

West Central Regional Intersectoral Committee

Heartland Health Region (HHR) participates in the West Central Regional Intersectoral Committee (RIC). Other participating agencies include Sun West School Division, Great Plains College, the RCMP and the Ministry of Social Services. The RIC covers most of Heartland's area with the exception of the Unity and Macklin area. HHR is the responsible partner for the RIC and holds the funding for the Committee.

One of the West Central RIC's strategic objectives is to support Family Resource Centres throughout its boundaries. The Regional KidsFirst Community Developer, a position funded through the Ministry of Education and administered by Heartland Health Region, has been working to assist community members to provide services through Family Resource Centres and programs in Kindersley and Rosetown. A mobile family resource centre called the West Central Play-Mobile has been developed to bring resources and activities to families where a family resource centre is not available. An Early Years Coalition has been developed to work on other means of serving pre-school families such as Early Learning Fairs throughout the Region.

Funding from a previous program administered by the RIC was used to provide access by the Community Developer to new programs to assist with families and children. The Community Developer attended training for the Roots of Empathy program. Roots of Empathy involves weekly sessions for 27 weeks where the Community Developer attends a class of young school children and where a mother with a new baby attends nine times during the course of the 27 weeks. Learning how to care for a baby and treat each other with respect is the objective. This program is running in the communities of Kindersley and Plenty.

Other objectives are to provide education and networking activities for community and staff development. A Networking Forum has been held each spring where speakers present and community agencies set up booths to share information about the services they provide.

Canadian Mental Health Association, Kindersley

The Canadian Mental Health Association (CMHA), Kindersley Branch, is funded by the Ministry of Health through the RHA. The Kindersley Branch focuses on mental health promotion and education activities in the Heartland Health Region. The CMHA partners with Heartland Health Region and other community agencies in carrying out these activities.

St. Joseph's Health Facility, Macklin

St. Joseph's Health Facility in Macklin operates as the region's only affiliate Health Care Organization. St. Joseph's Health Facility has its own Board of Directors that oversees the operation of the Health Centre through its Executive Director.

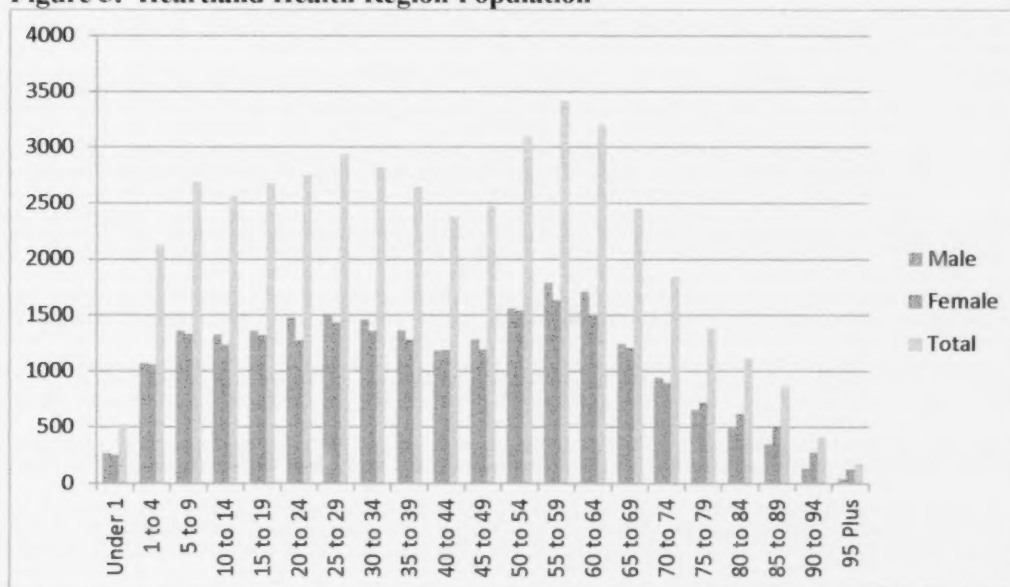
St. Joseph's offers out-patient treatment; diagnostic lab and x-ray services and regional prevention/promotions activities. It has 22 long term care beds and four program beds, and works in partnership with the Regional Health Authority in providing space for regional programs including community services, home care and Heartland's Emergency Medical Services (EMS). Heartland continues to work cooperatively with the St. Joseph's Health Centre to ensure that residents of Macklin and area have access to quality and sustainable health services.

Our Region

The Heartland Health Region is located in west central Saskatchewan. It provides health care services to a population of 44,522 residents over 41,770 square kilometres of land. (Source: Ehealth Saskatchewan Covered Population 2016). Within its boundaries, there are 57 towns and villages, 44 rural municipalities, and 20 Hutterite Colonies. The region's largest urban centre is Kindersley, with a population of 5,441. Other major centres include Rosetown (3,234); Unity (3,203); Biggar (3,042); and Outlook (2,963). Heartland Health Region is characterized by rural communities located across an expansive geographical area. We have prominent farming, oil, and gas industries (among others). Our communities exemplify strong support networks built from conventional family values.

Heartland Health Region has a relatively low population density (just 1.1 persons per square kilometre), meaning that the population is widely dispersed across our geography. Low population densities may create challenges regarding access to services.

Figure 5: Heartland Health Region Population



Source: Ehealth Saskatchewan Covered Population 2016

In 2016, Heartland's population was closely divided between males and females with 22,574 males (50.7 %) and 21,948 females (49.3 %). Some 18.5% of the region's population is 65 years of age or over, compared to the 14.6% in the province as a whole. Figure 6 provides a further breakdown of Heartland's 2016 population by age and sex.

The overwhelming preference is for our aging population to utilize the health and social service which affords them the greatest level of personal freedom, independence, and autonomy. The health system's *Long Term Care* environment (likely) represents one of the final stages of the client's journey through a much longer care continuum. We recognize the necessity for our health system to be responsive and consistent in the provision of its *Long Term Care* services, while acting as partners with stakeholders (communities, private organizations, other health providers, Heartland Health Region

etc.) in ensuring consistency of care throughout the entire continuum (homecare, affordable housing, assisted living, long term care, etc.).

Trends in demographics and health status information have enabled us to identify clear priorities for ensuring the future health of our region. The largest portion of our population is represented by those individuals born between 1947 and 1966, or the “Baby Boomers”. Within our health status information we have also identified significant trends which are of a particular relevance to that age group (diabetes, high and low blood pressure, obesity, chronic obstructive pulmonary disease, etc.). If unchecked, this combination of increasing quantity of potential cases and increased prevalence could have serious implications for health care delivery. A health system which raises awareness and education about the prevention of chronic conditions and fosters a shared responsibility for health will be effective to ensure the long term accessibility and sustainability of services.

In assessing current health status in the region, there are two important considerations for the future:

- Over half the population (51%) is over the age of 40. In contrast, approximately 24% of the population is under the age of 20; and
- Healthy eating and regular exercise are below the provincial average.

For our aging population, improvement in or prevention of disease and chronic illness requires:

- Patient-engagement in solution-building, and shared decision-making to promote independence;
- Co-ordination and collaboration amongst multiple health professionals;
- Change in behaviour/practices of both patients and practitioners; and
- Less dependence on the health system.

For youth, risky behaviour is the perennial cause of most health problems. Education, dialogue, and engagement through new media and modern pathways of access are important to pursue. For our elderly population, health is most often complicated due to falls, thus fall prevention as well as support for chronic conditions are two key priorities that we are focusing on now and for the future.

Overview of Programs and Services

Better Health

Public Health Inspection

The Public Health Inspection Program of Heartland Health Region has staff members located in Rosetown, Outlook, Unity, Biggar and Kindersley. The program works to reduce health care costs by preventing illness and injury to the residents. Working under Public Health legislation, the program provides inspection; investigation and consultative services to the region at achieve this goal.

In addition to the traditional activities associated with public health inspection, such as restaurant inspections, other services such as communicable disease investigations, public water inspections, plumbing and sewage inspections and animal bite investigations are provided. The program works closely with Consulting Medical Health Officer, in responding to and resolving public health issues.

Activities in the program are managed by the Saskatchewan Environmental Health Information Program (SEHIP). This program captures activities in our program and generates inspection reports for staff. The efficiency of the program and the management of risks has improved using this system.

In the last fiscal year, 1,577 inspections of all facility types were conducted. One hundred forty four more inspections were conducted this fiscal year than last year. Overall, there were 1,064 inspections conducted within the food program, 180 inspections within the water program, 101 inspections within the swimming pool program, 101 inspections within the accommodation program and 43 inspections within the personal services program. The table and chart below provide a breakdown of the number of inspections conducted at various facility types.

Table 4: Inspections by Facility Type

Facility Type	Inspections
Campground	52
Caterer	20
Child Care Centre	13
Delicatessen	18
Meat Processor	40
Personal Services	43
Public Water Supply	79
Restaurant	541
Swimming Pool and Whirlpools	101
Take Out Food Service	65
Water Bottler and Vending	27

Inspections By Facility Type

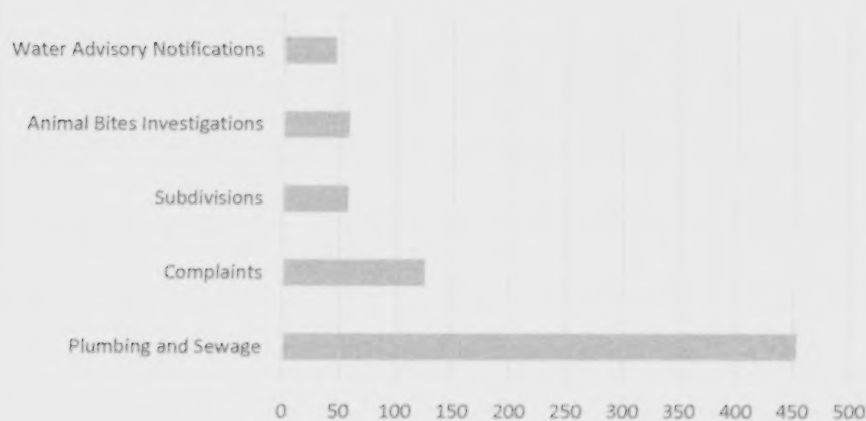


The system also captures other Public Health Inspection activities with the system. In total, 1842 issues were captured within the system. The most common issues are illustrated in the table and chart below.

Table 5: Issues by Type

Issue Type	Total
Plumbing and Sewage	453
Complaints	125
Subdivisions	57
Animal Bites Investigations	58
Water Advisory Notifications	46
Service Requests	1116

Issues By Type



The Public Health Inspection (PHI) program continues to offer convenient access to our program electronically. Our clients consistently contact our department via electronic mail and refer to our website for information and documents.

In 2016-2017 the PHI program held two Swimming Pool Operator Courses with 19 students attending. There were 15 Food handler Courses with certificates in Food Safety issued to 167 individuals. Our program also offers an online course for food handling training with 101 online food handling training packages sold.

Public Health Nursing

In 2016-2017 the Public Health Nurses (PHNs) continued to provide extensive Maternal and Child Health services and clinics throughout the region:

- They offered 546 Child Health Clinics in 17 different communities throughout Heartland Health Region
- There were 3,380 appointments (scheduled 45 minutes for infants and children), to address a full range of assessments including nutrition and the feeding relationship, physical assessment and growth monitoring, developmental assessment and screening, speech and language, immunization and screening for oral health and Maternal Mental Health. The structure of these appointments is based on the Saskatchewan Provincial CHC Standards of Practice.
- There were 1,951 fifteen (15) minute appointments to specifically address immunization requirements and growth monitoring only.
- The regional PHNs also received 518 postnatal referrals this year (a slight decrease from 2015-2016), and made themselves available for 465 postnatal clients requiring home visits; providing care and support for new mothers and families in their homes and an additional 470 contacts and home visits specifically aimed at supporting breastfeeding mothers, babies and families.
- 97.5% (or 505 out of 518) of new postnatal families were contacted by a PHN within 72 hours of receiving notification of discharge to ensure timely access to services as needed.

With Client Centered Care as our priority, PHNs made 172 referrals to other Health Care Professionals to support clients to access specialized services as needed, helping to ensure better health outcomes for the client and their family. An additional 11 referrals were made specifically to the Maternal Wellness/811 HealthLine interim support program to assist families dealing with Maternal Mental Health concerns. This is a coordinated effort between the health region public health services, mental health services and interim supports from HealthLine. This is a new program available to our rural clients who may not have access immediately when concerns are recognized and is now available across the province.

Public Health Nurses, in partnership with regional Emergency Medical Services and SGI coordinated and facilitated 35 Car Seat Clinics in 13 communities around the region. A total of 177 car seats were inspected including 94 rear-facing, 62 forward-facing and 21 booster seats. This is a huge effort focused directly on education and injury prevention.

Immunization

Public Health Nurses are the key providers of the annual influenza program and they partner with facility immunization Registered Nurses (RN), Nurse Practitioners (NPs), and physicians to address the needs of Heartland residents during the Influenza Season. Public Health Nurses provide a variety of community based and Heartland Health Region employee focused influenza clinics in multiple locations in 30 different towns and villages throughout the region.

The total Influenza vaccinations given to date for the 2016-2017 season were as follows:

- **1,457** doses of influenza vaccine to children age six months to less than nine years of age
- **4,139** doses of influenza vaccine to residents under 9-64 years of age;
- **3,631** doses to Heartland residents 65 years of age and older;
- **1,060** doses to HHR Health Care Workers or **63.7%** of active employees received their annual influenza vaccine.
- **These numbers are representative of the doses given by PHN, physicians, Long Term Care facilities and Nurse Practitioners. We cannot include the doses given by pharmacies in the Heartland Health Region in these statistical numbers.**

Once again, the Province of Saskatchewan supported a Universal Influenza Program, so there were no sales of flu vaccine as all doses were publicly funded.

In the 2016-2017 fiscal year, PHNs continued to implement a variety of school based immunization programs. As a collective group, they gave 2,726 school immunizations based on current provincially funded programs in Grade 6 and 8 populations. Public Health Nursing has also worked with many new Canadian families to request immunization records, review history and provide an additional 536 immunizations to our newest residents (this is up significantly from 2015-2016 where 238 immunizations were provided to new Canadians).

Figure 6: Biggar PHN gives immunization to client during Immunization Week



In addition to the annual influenza programming for Heartland Health Region employees, the PHNs provided health consults to 597 new staff and gave another 554 immunizations to employees.

Travel health and vaccine sales clinics (activity for 2016-2017):

- There were a total of 80 travel/sales clinics this past year between two main sites (Rosetown is the primary site with Kindersley being a satellite site).
- In those clinics, the travel PHN saw 403 clients for travel health consults and 259 clients for 15 minute follow up appointments.

Communicable Disease

The Communicable Disease program coordinated the follow up of 61 reportable communicable disease cases and 139 Influenza lab confirmed investigations this past year. Public Health Inspectors, Public Health Nurses and regional Infection Control all work together to provide follow up education to the clients, work with regional physicians in diagnosis and confirmations, and support to communities when required. There were 88 Sexually Transmitted Infection cases and 46 contact investigations that occurred in 2016-2017, coordinated through regional Communicable Disease programming.

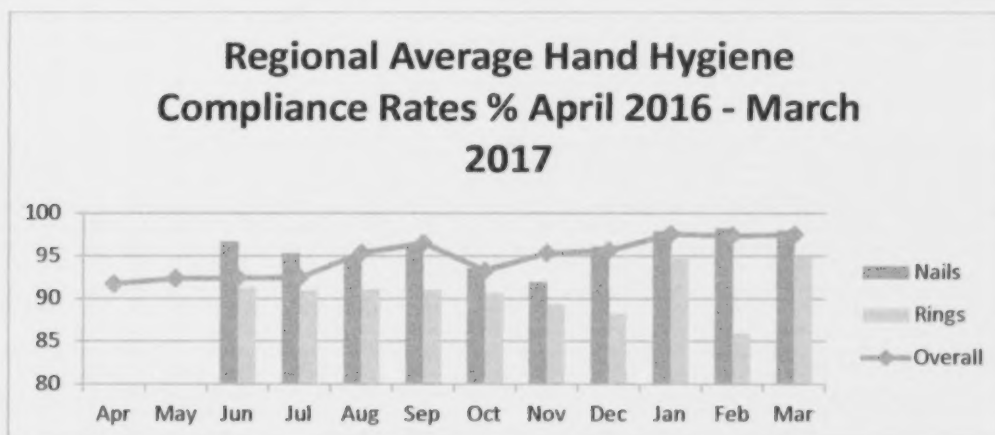
Infection Prevention and Control Management

Hand hygiene and auditing for compliance was a main component of the program this past year. Monthly audits were conducted in all facilities, with participation from all departments. Average compliance rates were shared with stakeholders during Wall Walks, and posted within facilities for staff, clients and visitors to see. The monthly reports provide opportunities for timely, ongoing quality improvement and teachable moments with staff. Beginning in June, auditing focused on compliance with short, clean nails, free of enhancements, and no hand jewelry with projections or gemstones. Hand hygiene will remain in the spotlight in the upcoming year. Our goal is to have all facilities auditing consistently, and to achieve an overall compliance rate of 95%.

Infection control presentations during Regional Orientation continue monthly, and all new hires are shown the appropriate steps of hand hygiene and personal protective equipment (PPE) don/doff procedures. Ongoing infection control education for front line staff throughout the year covers such topics as routine and additional precautions, Urinary Tract Infection (UTI) prevention in Long Term Care, *C difficile* infection, environmental hygiene, and outbreak management.

An operational goal for infection control in 2016-2017 was improved outbreak management in facilities. Educating frontline staff regarding early detection of potential outbreaks, and encouraging prompt reporting to the Infection Control Practitioner (ICP) or designate was a focus. During outbreaks, regular teleconferences with the Outbreak Management Team and post outbreak debriefs were held. Lessons learned from the debriefings were shared throughout the region. In the 2016-2017 fiscal year, we had ten LTC facility outbreaks, four enteric and six respiratory, including two Influenza A outbreaks. Provincially, the number of reported respiratory outbreaks has steadily increased over recent years. Outbreak prevention, preparation and implementation of control measures, and early detection will be a focus for the Infection Control program in the 2017-2018 year.

Figure 7: Regional Hand Hygiene Compliance Rates



Dental Health Education Program

The Enhanced Dental Sealant and Fluoride Varnish Program is a program for students in Grade one, two, seven and eight.

The goal of the program is to reduce and stop tooth decay by providing the following services:

- Dental health assessments
- Referral and follow-up
- Fluoride varnish applications
- Dental sealant applications
 - 235/258 (91%) grade one students required sealants.
 - 106/154 (69%) grade two students required sealants.
 - 172/174 (98%) grade seven students required sealants.
 - 59/122 (48%) grade eight students required sealants.
 - 572/708 (81%) grade one, two, seven and eight students required sealants.
 - 1,341 sealants were applied to six year old molars and 12 year old molars.
 - 649/708 (92%) students received f12 varnish applications and oral hygiene instruction.
 - 59/708(8%) students did not receive f12 varnish and oral hygiene instruction due to absentees
 - 708/1095 (65%) grade one, two, seven & eight students at 20/26 schools received dental health assessments.

The Heartland Health Region continues to offer the Fluoride Varnish Program. Statistics indicate that many children in Saskatchewan have experienced tooth decay or have had dental treatment done by the time they enter school. The goal of this program is to reduce and prevent tooth decay in younger children, resulting in better overall health, fewer costs to parents and the health care system and reducing the number of young children having general anaesthetic administered; therefore freeing up operating rooms for other surgical procedures.

Clinics are held in Biggar, Davidson, Dinsmore, Elrose, Kerrobert, Kindersley, Lucky Lake, Macklin, Outlook, Rosetown, Unity and Wilkie and 21 Hutterite colonies:

- **325** children six months to five years of age received a dental screening, oral hygiene instruction and a fluoride application at designated fluoride varnish clinics.
- Due to reinstating the dental sealant and fluoride varnish program in the schools, the dental team has not had the opportunity to provide dental services to the preschool and school-aged children at the **20** Hutterite colonies in Heartland Health Region.
- The dental team's goal is to offer dental services to the Hutterite colonies in July and August of 2017-2018.
- A total of 1,070 children in Heartland Health Region received a dental health assessment.

There are presently **23 schools** in the region that participate in the school-based Fluoride Mouthrinse Program with **1,212 (86%)** of the students participating in these schools.

Population Health Promotion

Health and the health system extend much further than treating individuals once they have become ill or injured. It also includes how they can be supported in making healthy choices in order to help prevent some of the illness or injuries. Heartland does this through the implementation of population health promotion practices.

Population health promotion is an approach used to improve well-being of the entire population by addressing the range of factors that affect people's health within homes, schools, workplaces and communities. The Public Health Nutritionist and the Population Health Promotion Practitioner work within this framework by working in partnership with communities to influence the personal, social, economic, environmental and cultural contexts that affect health so people from all stages of life (early years to older adulthood) have a fair opportunity to live a healthy and productive life, regardless of their income, education or ethnic background. In other words, they look at the factors that may make it difficult for people to make the healthy choices. This could include access to healthy food within walking distance, safe housing, or having to choose between paying the power bill or buying food.

There are foundational components to the population health promotion work in Heartland. These include:

- Building partnerships – the root causes are the responsibility of numerous stakeholders, sharing of limited resources to affect positive change
- Looking at the big picture – root causes
- Recognizing the importance of community
- Creating greater sustainability
- Developing, implementing and raising awareness of population health promotion and evaluate standards and best practices

These are all considered when working on current projects and at the start of new opportunities. Current initiatives include:

- Literacy – Literacy addresses knowledge, skill and understanding at all life stages (school, home, work, safety measures, etc.). Staff work with the West Central Literacy Committee to promote the importance of family literacy principles (encourage learning and bonding), training local advocates to provide learning opportunities within their home communities/organizations, and preparing for school and future employment.
- Talking To Youth Live (TTYL) – works with the school divisions to provide interactive educational events for grade 8 students. Mental well-being, addictions, coping skills, identifying why young people may choose to use risky behaviours to deal with situations and developing support systems are addressed.
- Tobacco reduction – makes connections to assistive programs/options, work with other stakeholders on a provincial level to affect wide change and educational opportunities.
- Radon – bringing awareness to the consequences of high radon levels and educating home owners on how to eradicate it.
- Community gardens – builds food/nutrition literacy as well as encouraging healthy eating, outdoor activity, social interaction, and helps the family budget and building self-reliance.
- Early years – recognizing the importance that the early years (ages 0-5) have on lifelong development. Has a three pronged approach: supporting Heartland staff and health professionals in their work related to early years populations; working with stakeholders on the West Central Early Years Coalition to provide educational opportunities for young families and communities; and participating in provincial work e.g. development of resources to complement the Growing Up Healthy informational series.
- Seniors – have started work in the Age-Friendly initiative and participated in the provincial Healthy Aging project being conducted through the Universities of Saskatoon and Regina.

Better Care

Advancing Continuous Quality Improvement

In 2016-2017 the Heartland Health Region continued working to build a more patient and family centered, high quality health system that puts patients' needs, values and safety first. The organization embarked on a variety of process improvement activities, using improvement methodologies across Heartland's clinical services and programs. We continue to be committed to engaging staff, clients and families in these processes. Improvement events help staff work together as a team. Better communication and better workplace environments help staff focus more on providing direct care to our clients. Our emphasis is always on promoting a culture or mind set of continuous improvement to enhance safety for our clients and staff and to improve the quality of our care.

Quality Improvement Education and Activities

As an organization, Heartland continues to develop its Management team through learning opportunities. As of March 31, 2017 a total of fifteen Heartland staff had completed their Lean Leader certification with two staff continuing at varying stages of their certification process. Heartland also had four managers complete Lean Improvement Leader Training (LILT) and added an additional seven participants in the program. LILT is a flipped classroom education program which provides an opportunity for leaders who manage and direct care, services and processes to

develop their skills and abilities so that they can lead and support improvement work at the point of care. This program is an important step on a lifelong learning journey of understanding and using improvement science in the workplace. As of March 31, 2017 Heartland had provided Kaizen Basics Training to a total of 561 staff.

Continuous Improvement Highlights

Throughout 2016-2017, a total of eighteen improvement events were held in the Region – three introduction to continuous improvement education sessions, two RPIWs (Rapid Process Improvement Workshops), five inventory management improvement events, one Mistake Proofing Project and six 5S events.

The Mistake Proofing Project was conducted in the Lab at the Kindersley and District Health Centre. Mistake Proofing is the use of process or design features to prevent errors or the negative impact of errors reaching clients. The team worked to ensure that stat lab orders were actually processed as stat to eliminate delays in patient care. Laboratory staff have been trained to process 'stat' orders in a timely manner with zero defects, resulting in faster, safer delivery of care for patients.

One Rapid Process Improvement Workshop (RPIW) was held in the Rosetown and District Health Centre's Long Term Care unit. The focus was to build a reliable process to ensure a collaborative, visible, timely care response and follow up to resident safety events. This event resulted in multiple work standards to facilitate the investigation and actions required to mitigate future risk and harm. The implementation of a resident status board now provides staff with pertinent resident information in a reliable and rapid format.

Another Rapid Process Improvement Workshop held with the Rosetown Home Care program, focused on improving access to patient data in order to facilitate better care planning and management of medication orders. RNs were provided access to eViewer and were able to gather lab results, pharmacy history and order changes in a timely manner, resulting in improved communication with clients and enhanced care planning. The event also improved communication between RNs and Physicians.

5S and inventory management improvement events were held in the Eston, Unity and Davidson Health Centres. The storage areas held supplies for both Long Term Care and the Acute Care Units in all three of the facilities. The results of the events were significant in inventory reduction, costs savings and the important reduction of nursing time spent ordering and managing supplies.

In addition, an improvement event held in the Davidson Health Centre which resulted in a significant space redesign, in a total of seven areas. The redesign resulted in improved flow of patients and staff, information and medications. The relocation of the outpatient room resulted in nursing staff being more visible to clients and the care team and reduced staff walking. Supplies were decreased and relocated closer to the point of care which resulted in a major reduction in time spent gather, transporting supplies to multiple areas and provided significant space savings in the facility.

Acute Care

The Acute Care Working Group (ACWG) is a multidisciplinary team composed of Physicians, Nurses, Diagnostic, Pharmacy and Infection Control Staff. This group focuses on four main areas:

1. The development of Patient Order Sets. These sets provide a complete standard of care for patients in the Emergency Room or Inpatient Bed, ensuring all parts of their Physical, Mental, Social and Emotional care needs have been explored and where appropriate clinical standards such as best practice medications, test or treatments have been included. To date 21 Patient Order Sets and Medical Directives have been created, including general order sets for both acute and LTC patients.
2. Pharmacy and Therapeutics explores the medications offered within the region, ensuring that best practices standards are met through supply, medication error review and the development of education on medication administration. The group further explores the medications provided throughout the organization ensuring the latest medications are available and obsolete medications are removed.
3. Transfusion Medicine which focuses on the safe practices for blood administration within the region, following both provincial and national Guidelines.
4. Education and Procedure development, focused on Nursing practice.

In 2016-2017, the ACWG was pleased to have a patient advisor join the group bringing a view from the patient perspective.

SMART IV Pump Implementation

SMART IV pumps were implemented in the region during the months of April to June, 2016. This new technology provides additional safety for the patient receiving intravenous (IV) medications. The new IV pumps allow for programming to be specific to the medication provided and often includes client specific information such as age or weight. The pumps provide additional verification of the nurse's medication calculations; of the amount of medication to be delivered and the rate a medication can be safely administered. The project provincially standardizes the way medications are prepared by the nurse, the information the nurse needs to safely administer the medication (through a provincial drug library and parenteral manual) and prevent medications from being given at dangerous amounts or rates. This improves the safety of medication administration for the patient both within our regional facilities as well as during transfer and transition between practitioners or facilities within Saskatchewan. SMART Pumps are used in all clinical settings (Acute, Long Term Care, Home Care and Emergency Medical Services) across Heartland Health Region. Registered Nurses, Licensed Practical Nurses and Emergency Medical Services staff have received intensive hands on education in the use of this new technology as well as to the resources in place to support the program. Heartland was the second region, following Regina Qu'Appelle, to implement SMART pump technology.

Figure 8: Registered Nurse's Amanda Hartman and Morgan Thorstad with a new SMART Pump



Pharmacy Services

Regional Pharmacy staffing has stabilized in 2016-2017 with three Pharmacists and 3.36 Distribution Technicians. This group has had a very successful year, moving beyond drug distribution with clinical initiatives:

- Our last acute care site, Davidson, was brought onto central Pharmacy distribution. Central Pharmacy is a program that distributes medications in a safe unit dosed packaging, using a Kanban system that ensures a constant, easy flow of medications out to the site without cumbersome ordering practices. Central Pharmacy also standardizes the medications in each site, ensuring all required medications are on hand, following regionally approved guidelines. Outdates and distribution is also moved to the Pharmacy department, releasing nursing time for patient care needs.
- Pharmacy services continues to support 61% of acute care beds with Telepharmacy Services, this process allows for Pharmacists to review all inpatient medication orders for patient safety and to collaborate with Practitioners when an alternative may be more suitable.
- New processes for Physician/Pharmacy/Nursing were implemented in 2016-2017, allowing for more clarity in communication.
- Telepharmacy has allowed for the auditing of safe medication practices, such as Venous Thromboembolism (VTE) Prophylaxis and Antimicrobial Stewardship, two national initiatives that are key focuses for patient safety and accreditation:
 - (VTE) Prophylaxis, an initiative focused on the prevention of clot formation in patients recovering from illness or injury with limited mobility, has been a central focus for the region for several years. In 2016-2017 Pharmacy Services, along with the ACWG, developed and redeveloped ordering practices focusing on the best practices for the patient as well as ease of ordering for the Practitioner. An internal

auditing program was developed in 2016 with implementation of version three in March of 2017. This auditing program allows the Pharmacist the ability to identify any potential prophylaxis requirements or changes and prompt the ordering Physician following the established guidelines. The auditing tool also identifies areas for improvement.

- Antimicrobial Stewardship is a coordinated program that promotes the appropriate use of antimicrobials (including antibiotics), ensuring the best outcome for patients, reducing the spread of infections and reducing microbial resistance. Telepharmacy now is able to assist Physicians in the review of these medications, by reviewing test results and ensuring the medications in use are appropriate for the patients care and collaborating with Physicians is a change in the care should be considered.

Diagnostic Services

Heartland Health Region has continued to standardize laboratory tests across the organization. This included adding tests to the menu to improve patient diagnosis and treatment options. In 2016-2017:

- Blood Gas testing was implemented in all seven Acute Care sites.
- The addition of D-Dimers and testing for drugs of abuse is currently underway regionally with implementation planned for December of 2017 and into 2018.
- The growth of test menus also included significant training by Combined Lab and X-Ray Technician (CLXT) staff across the organization. These staff have worked towards successful completion of modules to allow for each of them to safely perform the new laboratory tests:
 - 21 staff completed Immunology a pre-requisite for Hemostasis-D-dimers and Drugs of Abuse, 16 staff completed Hemostasis-D-dimers and seven staff completed testing for Drugs of Abuse.

Training will continue until each CLXT is equivalently trained to safely perform the newly added tests, this is expected to be completed in 2018.

Transcription

In June 2016 Heartland Health Region went live with the Provincial Transcription System as part of the 3sHealth rollout strategy. Physicians in all seven acute care sites are now using the new dictation system. By transforming the way Saskatchewan handles and supports our provincial transcription services it will help achieve better patient care by supporting physicians in capturing accurate clinical information as close to the care event as possible and integrating the information with a patient's record in a timely fashion.

The new software solution has voice recognition technology and is fully integrated into existing clinical systems. With a Provincial approach we have been able to establish a Provincial pool of acute care transcription staff which has improved turnaround time and work is completed efficiently with minimal errors. Our transcription staff have seen real benefits from this new system and our physicians are happy to have access to the system from the most convenient location for them – the service truly comes to them wherever they are.

Figure 9: Transcriptionist Kerri Berquist works on new system



Volunteers

Volunteers are an essential part of our communities, contributing to the well-being of our clients, residents and their family and friends. Volunteers make a personal difference and can enhance compassionate care as well as develop a good association with community. Heartland Health Region benefits from the service of over 2500 amazing volunteers. Our seven Heartland Health Region Volunteer Service Coordinators work to

recruit, organize, retain and recognize these volunteers within our region. Volunteers are an integral part of the health care team adding a unique dimension to the services of many professional providers. Volunteers in Heartland enhance the programming for acute, long term care and home care clients as well as play a vital role to community members. Volunteer Services extends sincere gratitude to all of our regional volunteers who make a vital and unique contribution to the services provided by the region.

Figure 10: Volunteers in Rosetown get breakfast at the Volunteer Appreciation Event



Patient and Family Centred Care

Regional staff and committees have been working to adopt Patient and Family Centred Care in many of their initiatives this past year. Staff education has had a focus on engaging staff in creating a culture that is sensitive to specific patient and family needs and feedback in order to provide care that is truly client centered. The adoption of an "Open Family Presence policy" occurred in late March 2016. This eliminated the traditional model of visiting hours. It is recognized that client

outcomes are enhanced when family supports are available to a client whenever that client requests them. Most of the sites already had an informal policy in relation to visiting hours for family so the policy was relatively easy to implement.

We have been able to highlight and advance Client and Family Centered Care by involving client/family reps in the following ways:

- Participation on various regional committees and in various continuous quality improvement opportunities;
- Monthly speaking engagements at our Regional Health Authority Board meetings to share personal experiences within our health system as the "Patient Voice";

- Incorporation of Client Family Centered Care module at our new hire Regional Orientation so all new hires are aware of this important initiative; and
- Active involvement in the provincial Patient Family Centered Care committee.

Our Client and Family Centered Care Steering committee is comprised of clients and family representatives from various locations around our region and regional employees. This is a group of very engaged individuals. This committee meets quarterly and works together to enhance our current systems so they are more client and family centered.

Privacy

This past year saw both provincial and regional activity with regards to Privacy and Access. The region is partnering with the Rosetown Central High School Media Studies class to develop a training video for staff education. In addition, development of materials for a regional Privacy and Security week began. Privacy continues to be a scheduled orientation presentation for all new employees.

Amendments to *The Health Information Protection Act* (HIPA) were proclaimed in the Legislative Assembly. The amendments strengthen and clarify the requirements of trustees, Information Management Service Providers and their employees in protecting personal health information. They also provide the mechanism through which swift action can be taken to secure personal health information, such as patient files, if found abandoned.

Privacy and security continue to be provincial and regional priorities. A regional Privacy and Security Committee meets regularly to oversee privacy and security matters in the region.

Ethics

The Heartland Regional Ethics Advisory Committee continued to meet regularly to monitor ethics within the region. Specifically this past year, the committee worked on further revisions to the research checklist and addressed several requests for research surveys. Four surveys were reviewed using the revised criteria with all being approved for distribution within the health region. In preparation for Accreditation in June 2017, the committee reviewed the standards and developed a plan to meet the standards as they pertain to staff knowledge about ethics.

The first part of the plan was to enhance general ethics awareness during National Ethics Awareness Week. This year there was a variety of formats for information sharing. 'Did you Know' posters on ethics and ethical decision-making were sent out and posted around facilities and in service areas. The same information was shared through an article in the Heartland Link staff newsletter, information on Facebook and Twitter and an update to the ethics section on Heartland website.

Additionally to help increase awareness of ethics in the region, a member of the Ethics Committee regularly attends the monthly regional orientation to give a brief description of the Regional Ethics Advisory Committee, the Heartland Code of Ethics and the ethical decision-making framework.

Community Mental Health Nursing

The past year the Community Mental Health Nurses have been working on providing unified care for people who have a mental illness. This has involved many things.

- The Community Mental Health Nurses have utilized best practice tools to enhance assessment and treatment.
- A clearer and more seamless relationship has been developed with various inpatient Mental Health Centres. This has increased communication between Mental Health Centres and the person's Community Mental Health nurse ultimately improving care.
- The Community Mental Health Nurses see all Postpartum Referrals which are labeled as high priority to assist parents with this life adjustment.
- The Community Mental Health Nurses have worked very hard to see client's within the provincially suggested wait times, and have far exceeded with having no waitlist.
- The Community Mental health Nurses have been continuing to develop relationships with different local community organizations.
- A new system has been developed to flag persons at risk for suicide. This has increased follow up and ensures someone doesn't 'fall through the cracks'.
- The use of community treatment orders are increasing which is facilitated by our efforts to try to support greater client compliance and better outcomes.
- The Community Mental Health Nurses have been providing case management around scarce resources in both psychiatrists and general practitioners.

Child and Youth Counseling

In 2016-2017, the Child and Youth Counseling team focused on further education and developing a base set of skills for all frontline staff. They have been very lucky to be able to access the Provincial Training Program to do much of this. The Provincial Training Program offers a variety of different types and levels of training throughout the year with a focus on treatment of mental health, behavioral, and parenting strategies. This program is accessed regularly by the Child and Youth Staff and is free of charge to do so. They also continue to access Provincial Consultants regularly to consult about complex cases and for assessment. This program has been an asset to those providing rural services within the province.

The Child and Youth Team has also focused on training team members in Violence Threat Risk Assessment (VTRA), a provincial initiative to assess and manage those cases where there is risk of violence as a multidisciplinary team, which they have seen a steady increase of. Heartland Health Region Mental Health, Department of Social Services, SunWest School division, and the RCMP are able to provide assessment and intervention as a multidisciplinary team in these cases.

There also been a continued focus on training and implementation of the Partners for Change Outcome Management System (PCOMS) throughout the province. It is a tool that provides objective, measurable data on the effectiveness of providers and systems of care. The Child and Youth team focused on keeping all team members trained.

Adult Mental Health Counselling

The Adult Mental Health Counselling Program continued to see an increase in the number of clients accessing the program in the past fiscal year. Although there has been an increase in clients, there has been no increase in wait times. The staff have strategized how to address the rise in demand and have been utilizing groups to meet the need. The counsellors facilitated a Mind

Over Mood Group in one community. It ran from April until June utilizing cognitive behaviour therapy and family of origin concepts. Counselors have also facilitated a group to support and educate the residents of another community on anxiety, depression and grief with the Canadian Mental Health Association.

Addictions

The Addictions Counselors and the Population Health Promotion staff along with many other community agencies such as the Sun West and Living Sky School Divisions, Funeral Homes, RCMP, and Heartland Emergency Medical Services teamed to deliver the Prevention of Alcohol Related Trauma in Youth (P.A.R.T.Y) in Kindersley, Outlook, Davidson, Biggar and Rosetown. The Talking to Youth Live (TTYL) Program was also delivered in Macklin, Unity, Elrose, Rosetown, Kindersley and Outlook. Addictions counselors did numerous school presentations for Grade 7 students in Dinsmore, Outlook, Kindersley, Plenty and Eston and Grade 9 students in Kindersley.

Autism

Over the past year staff provided direct and consultative services to 118 families. Services include the following: screening, coordination of services, individual and group programs for speech and language, behavioral issues, anxiety, sexuality awareness, social skills, hygiene, play skills and recreation. School, home and group home consults and education on Autism in classrooms was also provided. A Speech and Language Pathologist provided weekly individual intervention to 24 clients at clinics based in Kindersley, Outlook and Rosetown. This position also provided group support to nine students from September to December during an evening social skills program focusing on the "Friends for Anxiety" curriculum. From January, 2017 until the end of June 2017 the support is being provided to three different school groups. Twelve students have participated in "Puzzle Pieces Players Drama Club". Students in this club wrote a play and will be performing the play on May 27th in Kindersley.

A curriculum was developed by the Speech Language Pathologist based on the movie "Inside Out" focusing on emotional regulation. Nine students attend this weekly program. Staff in Unity provided two after-school social skill program for students ranging in ages from five to 10 throughout the school year. In 2016 twelve students attended an evening social skills program Monday evenings. The curriculum focused on problem solving, anxiety and social skills. An evening recreation program for older teens and young adults was started for clients in the Unity area in May in order to meet the needs of our maturing clientele. Support workers provided individual and group weekly intervention to 26 clients in clinics based in Unity and Rosetown. Support workers also provided services one day a week in Kindersley to support the Speech and Language Pathologist with students experiencing significant behavioral challenges. In July and August of 2016 in addition to individual therapy, summer social skill day camps and exercise programs (exercise connections) were offered.

Therapies

Physical Therapy (PT) and Occupational Therapy (OT) in the Heartland Health Region have continued to provide services to a wide range of clients, both inpatients and outpatients and within the community.

There continues to be a high demand for service and sometimes there are waiting lists for clients to be seen by OT and/or PT. Increases have been noted in the number of referrals for pediatric therapy throughout the region. In an effort to collect statistical data and provide a more efficient service, a database was developed to track referrals, wait times, and other aspects of service delivery. A part time Community Therapy Assistant was hired in Kindersley to provide more therapy coverage in the Kindersley Primary Health Service Area and assist with rehabilitation of surgical repatriation patients.

Educating the public on the role of Occupational and Physical Therapy is an important aspect of the program. Therapists in the health region have taken an active role in the PARTY program (Prevention of Alcohol and Related Trauma in Youth) throughout various sites in the Health Region, giving presentations to grade 10 students on post-injury rehabilitation. Additionally, the Community Therapy program continues to host high school and university students in fieldwork placements. Therapists and Therapist Assistants also take part in special events such as "Celebrating Seniors."

In 2016, a COPD program was initiated – a six week program combining education and exercise for people with COPD with input from various health professionals. Equipment was provided for this program by funding through the health region, as well as funding from the Health Foundation in Rosetown. This program was provided in Rosetown in the spring of 2016 and in Outlook in the fall of 2016. The plan is to continue to provide this program on an annual basis and one is presently underway in Rosetown.

Therapists in Rosetown and Outlook have also taken part in Chronic Disease Management Collaborative teams. The aim of these teams is to improve management of symptoms or outcomes for clients by improving access to resources by means of a Primary Health Care Team. Therapists are involved in several other committees including the Regional Dysphagia Interest Group and the Falls Reduction and Injury Prevention Committee.

Kid's First

The Regional *KidsFirst* Community Developer (RKFCDD) was trained as a Roots of Empathy (ROE) facilitator and ran the pilot project in a Kindergarten class in the Westberry School in Kindersley. This school year the program is being delivered in a Kindergarten class in Westberry School again as well as in the North West Central School in Plenty. The program is a 27 week program which has a classroom baby along with their parent(s) be the teacher in the class. As per the ROE program the goals are: to foster the development of empathy; to develop emotional literacy; to reduce levels of bullying, aggression and violence, and promote children's pro-social behaviours; and to increase knowledge of human development, learning, and infant safety.

One of the goals for the Regional *KidsFirst* Community Developer is to assist in the development and sustainability of family resource centres and programs. The RKFCDD works along with the SPOKES Family Resource Centre in Kindersley as well as the Rosetown Regional Family and Community Support Services organization to assist in meeting goals in their respective work plans. A mobile family resource centre has also been developed as a sub-committee of the West Central Regional Intersectoral Committee. This initiative is called the West Central Play-Mobile and travels to various communities around the region to set up sessions of parent engagement

activities and resources that focus on the early childhood developmental domains. The Play-Mobile also has a parent resource/education component.

The RKFCD is trained in the Triple P – Positive Parenting Program and delivered parent education sessions in the communities of Unity and Biggar.

The RKFCD is a part of the West Central Early Years Coalition along with other partners from Heartland Health Region, Sun West School Division, West Central Literacy Committee and West Central Early Childhood Intervention Program. The Coalition coordinated Early Learning Fairs in the communities of Kindersley, Rosetown and Unity. Various human service providers were invited to set up booths promoting their program. The purpose of the fairs are for parents with children 0-5 an opportunity to learn about the services available in the area while having fun and engaging activities for their children to participate in while they are in attendance.

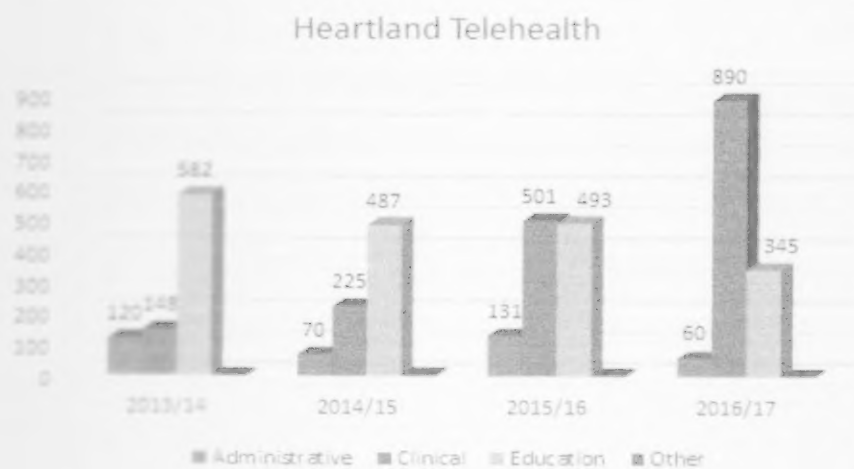
Telehealth

Telehealth is the use of secure videoconferencing that allows patients to access health care providers/specialists without having to leave their home communities. The use of diagnostic peripherals (stethoscope and patient exam camera) allow the specialist/provider to listen to breath sounds or heart tones, or have a close up view to a wound. In addition to clinical programming, Telehealth also provides educational and administrative programming. The public can attend chronic disease management education as well as sessions provided by organizations such as the Alzheimer Society and staff receive ongoing staff development, new staff orientation, etc. Administrative programming allows public and staff to attend meetings without having to traveling.

The Telehealth program in Heartland is well established with fourteen Telehealth sites in twelve communities. In April of 2017, the Wilkie and District Health Center will be connected to the network. In 2016-2017 we saw an increase of 78% for use in clinical appointments. This increase allowed for patients in Heartland to save a total of 240,339 kilometres (kms) in travel. We also saw a savings to our health programs by Heartland Health Region providers of 9,102 kms by not having to travel to different Heartland communities to provide health services.

Working closely with Telehealth Saskatchewan, we hope to expand the use of Telehealth in our communities and within Heartland Health Region, keeping up with developing and changing technologies and increasing clinical needs.

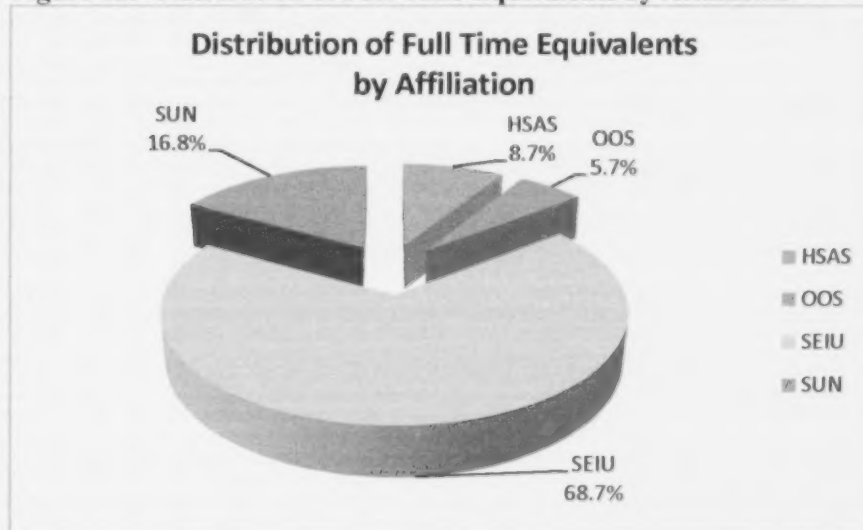
Figure 11: Telehealth Usage



Better Teams

The Heartland Regional Health Authority and its affiliate (St. Joseph's Health Centre, Macklin) employed 1,874 people in positions equaling 1,119.91 Full-Time Equivalents (FTEs) in 2016-17 (Figure 12). The majority of employees (769.75 FTEs) belonged to the Service Employees International Union (SEIU), while 188.36 FTEs are represented by the Saskatchewan Union of Nurses (SUN). The Health Sciences Association of Saskatchewan (HSAS) and out of scope (OOS) positions accounted for 97.63 FTEs and 64.17 FTEs, respectively. The region was home to 26 physicians on March 31, 2017.

Figure 12: Distribution of Full Time Equivalents by Affiliation



The Heartland Health Region is very fortunate to have a stable and loyal workforce that is committed to providing quality healthcare services to residents within the Region.

Recruitment and Retention

Employees are vital to the success of this organization and the larger provincial healthcare system as well. Employees have voiced concerns about Continuing Care Assistant (CCA) staffing shortages and suggested the Employer support CCA education and provide meaningful employment for CCAs. The region recognizes the challenging, important work and care that CCAs provide to clients in our health system and wants to support staff as they obtain the training that is required to be a CCA in Heartland Health Region. Heartland Health Region has had success with creative solutions to CCA staff shortages:

- ***Learn While You Earn***

This is an initiative to support staff as they pursue their educational goals. The Region partnered with Great Plains College to be able to offer a "Learn While you Earn" program. HHR pays the upfront tuition costs for employees enrolled in the CCA course and employees repay HHR through payroll deduction. Seventeen employees have participated in this program.

- ***Continuing Care Aide (CCA) Relief Positions***

Relief positions provide a number of benefits including permanent employment opportunities, increased scheduling flexibility, additional capacity for staff replacement maximizing the ability for CCA staff to access time off from work, reduced overtime costs, and improved work/life balance. A one year trial of CCA relief positions began in the Kindersley Health Centre. Two 0.75 (FTE) positions were created with a third position added over the summer period to meet summer vacation scheduling needs. The effectiveness of a relief position was evaluated by:

- Improved access to vacation - Annual Vacation scheduling was quicker and easier with the relief positions, there was a 19% increase in the use of entitled vacation,
- Reduction in overtime hours and costs – annual overtime savings during the one year trial was \$41,664.90.

The HHR-SEIU Regional Partnership Committee also developed an evaluation survey for Kindersley CCAs to provide feedback. Survey results from employees unanimously supported maintaining the CCA relief positions. Based on the positive results of this one year trial period in Kindersley, relief CCA positions have been posted on a permanent basis at the Rosetown Health Centre.

- ***Promoting Health Care Education and Employment Opportunities for Young Learners***

For grades 11 and 12 students interested in a health care-related career, there is a direct path from high school to full time employment in rural Saskatchewan. A team of provincial institutions came together to help learners connect the dots and get a jump-start on their post-secondary education while in high school.

Heartland Health Region, Great Plains College, Saskatchewan Polytechnic and Sun West Distance Learning Centre have recently signed a memorandum of understanding to collaboratively educate families about the dual credit courses available to high school students; there is particular emphasis on dual credits that relate to the Continuing Care Assistant (CCA) certificate program. For learners who complete CCA dual credit courses and are enthusiastic about continuing down the CCA career path, the next step is to have readily available information on CCA post-secondary programs and employment opportunities in this field.

Four of the twelve courses - Body Systems, Human Growth and Development, Personal Competence, and Interpersonal Communication Skills - included in the CCA certificate program are offered as dual credit. This provides students with the opportunity to graduate high school with one-third of their post-secondary education complete.

Heartland Health Region hires approximately 60 CCAs each year, so building bridges and streamlining opportunities for high school students makes perfect sense. Dual credit courses provide an excellent introduction of health care concepts. We believe that exposing young learners to this intensive educational experience will translate to a prospective labor pool that is better prepared to take on their first CCA role.

Representative Workforce

The Region is committed to creating a workforce that is representative of the communities it serves and has an established Aboriginal Employment Development Program. The purpose is to promote healthcare careers to the aboriginal population and then to manage a workplace that originates from a variety of ethnic cultures. The Heartland Regional Health Authority signed an Aboriginal Representative Workforce Agreement in 2005. A Representative Workforce is where Aboriginal people are employed in all classifications at all levels in proportion to their representation in the working age population. Aboriginal Awareness Training is provided to all staff and as of March 31, 2017, 862 current employees have received this training. As a means to monitor our progress in creating a diverse Representative Workforce, staff are surveyed to self-identify aboriginal ancestry. Self-identification surveys are provided to all new employees at regional orientation and all staff has online access to the self-identification feature of myINFO within Gateway Online.

Figure 13: Aboriginals Living in Heartland Health Region (HHR)

Aboriginals living in HHR	
# of Aboriginals living in HRHA (Source: Statistics Canada, National Household Survey 2011)	1,250
Total population living in HRHA (Source: Ministry of Health 2015 Covered Population)	44,256
% of Aboriginals living in HRHA	2.82%

To adhere to our definition of representative workforce, our target for aboriginal representation is 2.82%. This portion of our total employees for the beginning of the fiscal year was 43 (2.25%). The number of self-identified Aboriginals working in Heartland Health Region as of March 31, 2017 is 42 (2.24%). We have not advanced towards our target for the 2016-2017 fiscal year.

Employee Wellness

The Heartland Health Region strives to promote a healthy, safe and productive work environment. All employees are valuable and necessary components of the team of health care providers and have a responsibility to maintain their own health and well-being and to ensure their regular attendance at work.

The Employee Wellness Committee (EWC) is instrumental in addressing and improving employee health. The EWC is accountable for researching, planning, developing, evaluating and recommending programs for the enhancement of personal and workplace health and wellness among Heartland Health Region employees. The Employee Wellness Committee is a committee composed of various Heartland Health Region Employees that meets quarterly by teleconference. The committee is under the direction of the Vice-President of Human Resources, the senior leadership (sponsor) from within Heartland Health Region.

The EWC conducted an Employee Health Interest survey to assess the current level of individual and organizational health and to determine staff preferences, attitude and need for health



promotion. That survey and the statistics received quarterly from the Employee and Family Assistance (EFAP) Provider – Morneau Shepell – is how the EWC determines what initiatives/programs will be run through-out the year. In 2016-2017 the EWC focused on developing a stronger program for all staff and continues to make connections with other regions to provide wellness information to Heartland employees. In June 2016, this group hosted an Employee Wellness Day in Rosetown which focused on providing crucial health information to staff within the areas of physical activity, nutrition, mental health, and work/life balance. The Employee Wellness Day continues to grow and feedback from staff is positive and appreciative of the event. Besides yearly events, the EWC strives to provide staff with quarterly initiatives which promote healthy lifestyles through nutrition, physical activity, mental health and work-life balance. The majority of these resources come for our Employee and Family Assistance Program in order to create a link between the two services.

The EWC is also the driving force to ensure that staff are aware of and able to access Heartland Health Region's Employee and Family Assistance Program (EFAP). In collaboration with the EFAP provider, Morneau Shepell, the EWC is reaching out to each work-site to identify what specific needs are arising. Shepell's Employee Support Services help our organization, our employees and their families resolve work, health and life issues that can interfere with productivity and engagement.

Clinical Education

Education continues to be a major focus for the region. Continuing Education ensures that Registered Nurses (RN's), Licensed Practical Nurses (LPN's) and Continuing Care Assistants (CCA's) have up to date education on current assessments, interventions and preventative care. The region offers several courses throughout the year to ensure these needs are being met and setting a standard of care from facility to facility.

Newly hired clinical staff, RNs, LPNs and CCAs receive a two to five day clinical orientation, focusing on the standards of care within Heartland Health Region, ensuring the safe and effective use of equipment, protocols and procedures within the organization. In 2016-2017, 25 new RNs, 23 LPNs and 33 CCAs attended Regional Clinical Orientation.

The region offers internal training through the Clinical Nurse Education team, updating staff in each facility on the latest equipment, techniques, policies and protocols. In 2016-2017 the focus was on medication management including the use of Smart Pump technology with 249 RNs, LPNs and Emergency Medical Services staff attended this four hour training in the Spring of 2016. During the fall and winter of 2016-2017 Clinical Nurse Educators (CNE's) provided updated training and certification to 131 RNs who are now recertified to perform specialized skills such as advanced airway management or accessing a central venous catheter.

The regional CNE team was an integral part of the Provincial Smart IV Pump program and rollout. Smart Pump technology provides an extra safety step to the administration of intravenous (IV) medications by providing verification and limits that prompt the nurse when a potential medication error could be occurring. Heartland Health Region was the second organization in the Province to go LIVE with this technology. Smart Pump technology improves patient safety because IV infusions are frequent contributors to medication errors and 90% of acute patients

receive medications via an IV route. The Institute for Safe Medication Practices (ISMP) estimates that 2/3 of preventable deaths are due to IV infusion therapy and attributable to manual programming errors on the IV pump.

Clinical Nurse Educators were also essential in the development of the Provincial IV Parenteral Manual, participating in the development of monographs that provide clear guidelines on the preparation and delivery of each medication, as well as setting a standard of care in terms of where medications can safely be given, by which provider and the monitoring required for the patient receiving the medication. This was a large but extremely important initiative focused on patient safety and solid nursing practice.

Physician Resources

Throughout the past year the Heartland Health Region and its communities have worked to ensure the residents, clients, and patients of the area have high quality and timely access to physician services. Physician shortages continue to be a challenge for some communities. Through coordinated efforts to communicate with stakeholders to address current and future recruitment plans, models of care, and a regional locum program, the majority of the vacancies have been filled throughout the region.

Physician recruitment strategies include partnerships with physician staff/clinics, the health region, and the local communities. The region continues to dedicate resources to support community initiatives, welcome and settle new recruits, and assist applicants through the administrative requirements for immigration and licensure. SaskDocs has continued to identify priority practices to which it will provide support for recruitment of new physicians.

Recruitment initiatives include focusing on early contact with physician students and recent Saskatchewan grads, and working closely with province and with communities. The region continually works with communities and physician groups to develop contingency plans for recruitment and retention. The region is working collaboratively with community recruitment groups to promote primary care transition as a strategy to alleviate the pressure on traditional physician practices.

The region also works with SaskDocs in support of initiatives to recruit Canadian trained physicians, but is still largely dependent on international recruiting initiatives at this time.

In 2016-2017 new family doctors began practising in the communities of Wilkie, Kindersley and Outlook. Dr. Elham Yahyaee (Wilkie), Dr. Stephanie Sobotie (Kindersley) and Dr. Ayme Debesa-Padilla (Outlook) joined many other International Medical Graduate (IMG) colleagues already practising in Saskatchewan.

Figure 14: Dr. Elham Yahyaee



Dr. Elham Yahyaee began her practice in the community of Wilkie in August, 2016. Dr. Yahyaee began the Saskatchewan International Physician Practice Assessment (SIPPA) program in January 2016. She started her clinical field assessment in February in Moose Jaw, finishing it at the end of April, arriving in Wilkie mid-May. Dr. Yahyaee received her medical degree in Iran in 2005 and practiced from 2005-2013. She practiced Family Medicine with a specialty in Obstetrics and Gynecology.

Figure 15: Dr. Stephani Efua Sobotie



Dr. Stephani Efua Sobotie joined the Kindersley Medical Clinic in late January, 2017. She started the SIPPA intake in September of 2016 and completed her clinical placement in Yorkton and Weyburn. Dr. Sobotie attended medical school in Kwame Nkrumah University of Science and Technology in Kumasi, Ghana. She has been a Physician since 2010. She practiced Family Medicine in Ghana before coming to Canada and specialized in Obstetrics, Gynecology and General Surgery.

Figure 16: Dr. Ayme Debesa Padilla



Dr. Ayme Debesa Padilla joined the Outlook practice in February, 2017. She started the SIPPA intake in September of 2016 and completed her clinical practice in Humboldt and Prince Albert. Dr. Padilla is from Cuba and attended Carlos J. Finlay Medical University. She received her medical degree in 2001. She practiced family medicine in Cuba for 10 years prior to coming to Canada. Her other medical interests include Psychiatry, Rheumatology and Pediatrics.

Better Value

2016-2017 Financial Summary

Heartland Health Region ended the 2016-2017 fiscal year with a \$527,000 operating surplus after capital commitments including mortgage payments, and energy performance contract loan payment. The region was able to transfer the entire operating surplus to the capital fund for future capital equipment and projects. The surplus is up from the previous year's surplus of \$318,000.

The region worked through discretionary spending restrictions, significant administrative vacancies, hiring freeze, revenue administration, utility efficiencies, general facility and service reviews and procurement savings through provincial contracts in order to balance. Without the vacancies in administration the pressures from continued budget restraint may have sent the region into a deficit.

The Region's Operating Working Capital increased to .98 days from .9 in 2015-2016. This was mainly due to a decrease in accrued salaries, with three less stats and minimal retroactive accrual and a decrease in vacation payable.

Revenues

The total operating revenue for the region was \$107.8 million. Overall, 87% of the operating fund revenue was provided by funding from the Ministry of Health. The region's revenues were \$189,000 over budget or within 0.18%. Client revenues in Long Term Care (LTC), and reciprocal billings were over budget by \$302,000. The region saw a decrease in LTC empty beds overall, an average of 18 per month as compared to an 18.25 average in 2015-2016. Emergency Medical Services (EMS) was under budget by \$63,000 due to lower trip volume, down 155 from 2015-2016.

Expenditures

Expenses were flat only increasing \$20,000 or .02% over 2015-2016 despite salary lifts in SEIU, HSAS, SUN, OOS and SMA contracts. Overall expenses were under budget and within .44%, despite continued struggle with meeting our Attendance Management targets as reported later on in this report. Offsetting this, the region saw significant vacancies in our Community Services and Regional administration positions.

41.1% of the operating budget was spent on inpatient and resident services (Acute and LTC), 25.6% on support services (Housekeeping, maintenance, dietary etc.), 9.4% on Diagnostic and Therapeutic services, 2.9% on physician compensation and 20.7% on Community Services.

Other significant variances from Schedule 1, Expense by Object Code:

- Salaries-surplus due to vacancy management and hiring freeze;
- Benefits-surplus due to salary surplus, savings in OOS extended Health and Dental premium vacation of 5 months and a lower WCB rate;
- Lab Supplies-deficit due to higher test volume;
- Drugs-deficit due to new required drugs to be kept in stock and 0% inflationary increase;
- Repairs and Maintenance had a significant deficit due to general repairs and renovations up and multiple insurance repairs in Davidson, Unity, Elrose, Biggar and Kindersley;
- Utilities-overall \$129,000 surplus due to a warm winter and overall consumption significantly down from previous year in power, energy and water; and
- Travel- surplus due to travel restrictions and fleet management.

The region provided funding to its affiliate, St. Joseph's in Macklin and to health care organizations, Bridgepoint Centre for Eating Disorders Inc. and the Canadian Mental Health Association. (Note 10b)

Capital

Capital expenditures consist of amortization of \$5.3 million and mortgage and other debt interest of \$95,500. Capital acquisitions during 2016-2017 totaled \$1.57 million of which \$323,000 was for building infrastructure and \$1.24 million was for equipment.

Debt

The region currently has five mortgages totaling \$2.274 million that are guaranteed by the assets of the organization. Heartland Health Region paid out the mortgage on the Dinsmore facility upon its renewal and also renewed another mortgage in Outlook. In addition, the region has a loan for an Energy Performance Contract and has continued to enter into two new capital leases for ambulances per year bringing this total to six at the end of 2016-2017. The Heartland Regional Health Regional Authority Board approved an ongoing fleet leasing strategy that will continue to improve the health of our ambulance fleet. This includes the lease of two new ambulances a year up to total of ten at one time. For more information see Note 5 and 6.

Capital Update

The Kerrobert project was tendered in January/February of 2012. Construction started in the spring of 2012. At the end of March 2015 the building was about 98% complete. The building was substantially complete in May of 2015. The new facility was moved into in June of 2015. We have been working on clearing up warranty issues and deficiencies with the contractor which has been ongoing until the end of March 2017.

Construction on the Biggar Long Term Care facility started in October 2012. The new facility replaced the Biggar Diamond Lodge nursing home which was built in 1966. The 54-bed facility is connected to the Biggar Hospital. Substantial completion was obtained in late January 2015. The new facility was moved into in early April of 2015. We have been working on clearing up warranty issues and deficiencies with the contractor which has been ongoing until the end of March 2017.

A post occupancy evaluation (POE) was done on the Rosetown Long Term Care facility in the fall of 2016. Results of the POE were received in March of 2017.

Environmental Services

The changeover to our new provincial laundry supplier, K-Bro, started in early October 2016. The Kindersley facility was officially transitioned over in January of 2017. Davidson and Wilkie are scheduled to transition over in late March or early April of 2017. The two remaining facilities will transition over once staffing vacancies present themselves.

Progress in 2016-2017

Strategic Priorities

The Strategic planning process focuses on Better Care, Better Health, Better Teams and Better Value for the people of Saskatchewan. Each year a series of breakthrough initiatives are outlined by each Health Authority in the province. The Heartland Health Region identified one strategic priority with two main areas of focus for the 2016-2017 fiscal year:

Sustainable Primary Health Care Services

The two areas of focus under this strategic priority included:

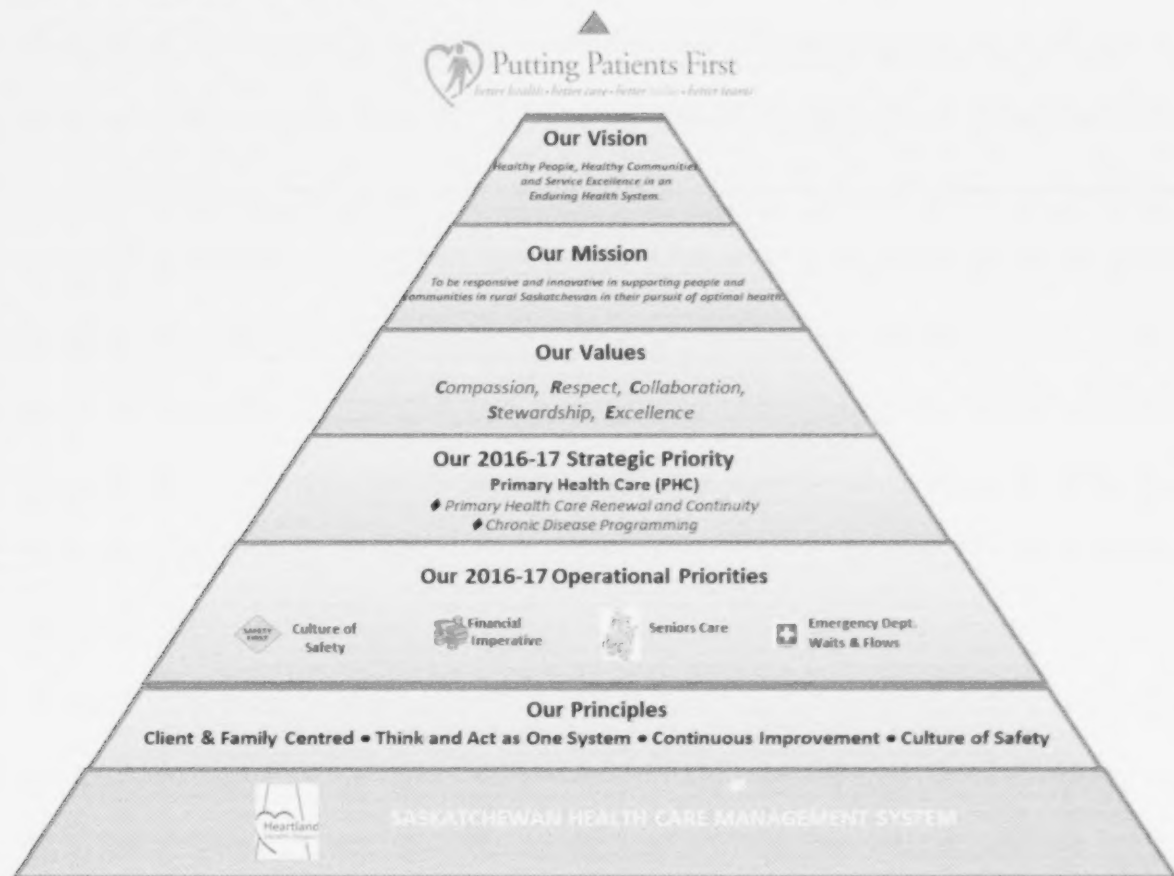
- To recruit, retain and stabilize Primary Health Care Providers and
- To expand Chronic Disease Programming

The region also identified four operational priorities for 2016-2017:

1. Emergency Department Waits
2. Culture of Safety
3. Seniors Care
4. Financial Imperative

Other projects or areas of focus that were reported regularly at Regional Wall Walks included EMS Stabilization, Long Term Care Quality Indicators and implementation of Special Care Home Guidelines, Mental Health Wait Times, and the Risk Assessment Checklist program.

Figure 17: Strategic Triangle 2016-2017



Strategic Priority – Sustainable Primary Health Care (PHC) Services

Project #1: Recruit, Retain and Stabilize Primary Health Care Providers

At the start of the 2016-2017 fiscal year, physician turnover occurred in three Heartland Health Region communities, with a total of five physicians giving notice to the region and their communities. As a result, the key priority for maintaining PHC services in the region for 2016-2017 was focused on recruiting and retaining PHC providers.

The following targets were established for the Primary Health Care priority:

- To recruit physicians in the following communities by March 31, 2017:
 - Two physicians to Kindersley;
 - One physician to Outlook; and
 - Establish physician coverage for Macklin based on the Macklin-Provost Model
- To consult with the communities of Macklin and Provost by August 31, 2016 regarding the establishment of a PHC model utilizing physicians, Nurse Practitioners (NPs) and other team providers

- To recruit a Nurse Practitioner (NP) to Macklin by September 30, 2016
- To complete client satisfaction surveys in 8 PHC sites by March 31, 2017
- To establish the Kindersley CAN by June 30, 2017
- To complete community focus group sessions in each of the four Primary Health Service Areas by March 31, 2017

Results and Measurements

The region has established significant partnerships with local communities in terms of physician recruitment and with the commitment and engagement of these partners, we were able to successfully meet the physician needs for the region. Between April 1, 2016 and March 31, 2017 a total of six physicians were recruited, with start times and locations varying as below:

- Kindersley
 - One new physician started practice at the end of January 2017
 - Three more physicians were recruited and are expected to begin practice by the middle of June 2017
- Outlook
 - One new physician started practice at the end of January 2017
- Biggar
 - One new physician has been recruited and is expected to begin practice by the middle of June 2017

In the community of Macklin, physician recruitment and retention has been a challenge over the past ten years. In the fall of 2014, a full time permanent physician was recruited. In July of 2016 the physician in Macklin left the practice for another community in the region and in August, the region was able to successfully recruit a full time Nurse Practitioner. The physician who left the practice agreed to provide one day per week of coverage to Macklin as well as provide consultative support to the Nurse Practitioner. The region continues to collaborate with Macklin and the Provost Medical Clinic in establishing a long-term solution for physician support and collegial support to other PHC providers in Macklin.

In relation to the development of the Kindersley Community Advisory Network, an expression of interest process was initiated in the spring of 2016 to elicit interest in community participation in this new venture. By the end of June 2016 a list of members was confirmed, and the first meeting of the Kindersley CAN was held in August 2016. The CAN continues to meet approximately every other month.

Client satisfaction surveys were completed during the fall of 2016 and the results of those surveys are provided under the Chronic Disease program highlights.

Overall it has been a busy year in the PHC world but the region saw many successes and we continue to see great opportunity heading into the future.

Project #2: Expand Chronic Disease Programming

a) Develop partnership with Pathway to Wellness program in Kindersley

Pathway to Wellness (PTW) is a partnership between The Town of Kindersley, Heartland Health Region and the Pathway to Wellness non-profit board. Pathway to Wellness was the vision of some community members with a strong motive to provide better access to programming close to home. The goal was to expand an existing community walking program in Kindersley and add chronic disease and general health programming to it, as well as provide supervised exercise specifically for chronic disease and low mobility clients.

Figure 18: Exercise Therapist Ron Wolfe with Kindersley client at PTW



It had been identified that clients in the Kindersley area were not aware of regional programs and services designed to support and improve their chronic disease self-management skills. Due to this lack of awareness, participation and registration in regional chronic disease programming was relatively low.

The targets that were established for this project were:

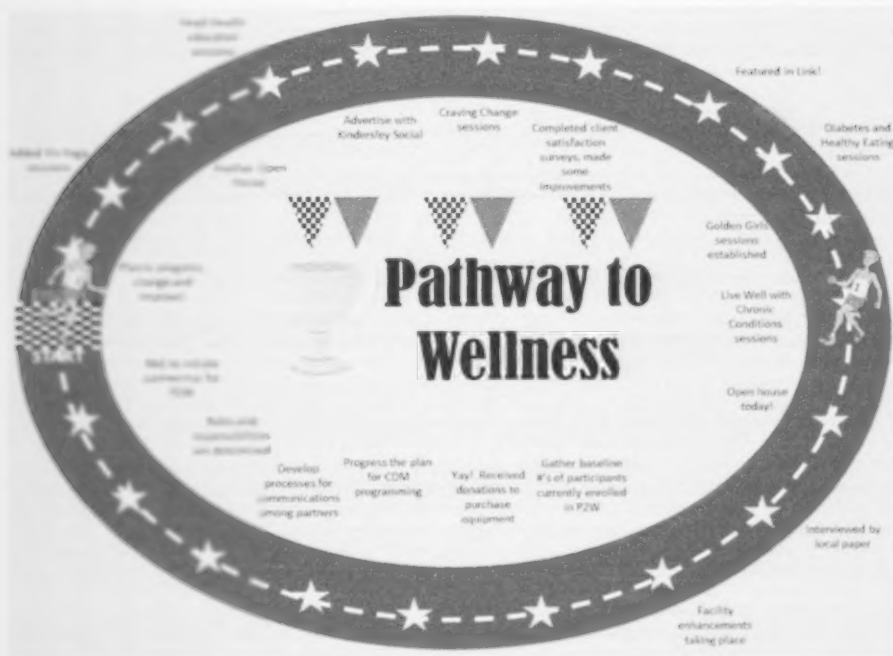
- To develop a partnership with the Pathway to Wellness program in Kindersley by September 1, 2016.
- To establish a baseline and then increase the number of clients accessing Chronic Disease Management (CDM) services/programs at Pathways to Wellness program.
- To increase the proportion of CDM clients with chronic diseases who report better satisfaction with their experience
- To increase the proportion of clients with chronic diseases who report more satisfaction and understanding around self-management

Results and Measurements

- A formal partnership between Heartland Health Region and the Kindersley Pathway to Wellness was established by August 2016.
 - In collaboration with the community and through the receipt of local donations, facility improvements were made.
 - A Wellness Room was assembled where people with low mobility and/or chronic conditions could access specialized equipment for strength or cardiovascular training all in a supervised setting

- In the fall of 2016, health and chronic disease education was provided in this setting, expanding people's access to health information and their knowledge of available appropriate programming
- By the end of March, 2017, Pathway To Wellness had up to 50 clients accessing CDM services/programs
- From November 2016 to March 2017, 25 new clients have entered into the program and had their health status assessed by a Chronic Disease Registered Nurse. These clients were then able to choose the programs and services that best meet their needs.
- By the end of March, 2017, the Pathway to Wellness group had distributed a patient experience survey to clients utilizing the programs and services. Over 50 surveys were returned and there was a 90% satisfaction rating. Below is a sample of the information gathered through the survey
 - Question #1 asked if the participant felt their health had improved by attending the program and asked to identify what the improvement was
 - 90% of returned surveys said they felt their health was improved and some of the specifics were: balance, social interaction, confidence in their own health, confidence in knowing where to ask for health advice, ease of movement (getting out of bed alone), assistance with mobility aids, referrals to other providers.
 - Question #2 asked if the participant felt they would choose to participate in the program in the future
 - 100% of the returned surveys said they would return or are still participating
 - Question #6 asked if the participant felt they would recommend this program to others
 - 100% of the surveys returned said participants would recommend this program to others

Figure 19: Pathway to Wellness Accomplishments



b) Expand Chronic Disease Collaborative Teams in the Region

Chronic Disease Management (CDM) Collaborative Teams have been functioning in Outlook and Rosetown. The CDM Teams are a group of health care providers with a wide range of special training working together to improve health care goals for clients with chronic diseases. The CDM teams help clients navigate the health system and set goals to achieve better health. Choices are made by the client based on their own priorities to set up a small team of providers who will work together to meet health goals set by clients.

There was only one target set for this project:

- Establish Chronic Disease Collaborative Teams in Kindersley and Unity by March. 31, 2017.

Results and Measurements

- In December 2016, a CDM Collaborative Team was established in Kindersley. This group has been meeting on a regular basis and is now serving clients in Kindersley and area.
- The Region did not meet the goal of establishing a CDM Collaborative Team based in Unity. However, plans for this fourth team are well underway with a target date of December 2017.

Operational Priorities

1. Emergency Room Waits and Flows

Alternate Level of Care

The Emergency Department (ED) Waits and Patient Flow Initiative was created to aggressively address emergency department wait times, in conjunction with other health system efforts to provide sooner, safer, and smarter care for patients. The Saskatchewan Health System Hoshin this year is: *To improve access for patients and reduce ED waits by 60%, necessary improvement in key areas (Primary Health Care, Specialist Consults, Diagnostics, Mental Health and Addiction, LTC, HC and Acute Care) will be achieved by 2019.*

The problem statement for this priority states: "It is known that long waits in the ED are a symptom of multifaceted deficiencies that occur across the continuum of care. As such, solutions are equally complex and will require a system wide approach with improvements made in each phase of the patient's journey.

While ED waits are not a pressing issue in Heartland Health Region facilities, there are a number of provincial initiatives being rolled out where our participation will directly impact the overall systems goals. The initiatives being undertaken by the Provincial ED Waits and Patient Flow include:

- Alternate Level of Care (ALC) Strategy
- Interdisciplinary Rounds Strategy
- Community Services Strategy

The Provincial Emergency Department Waits and Patient Flow Initiative has identified that understanding and managing Alternate Level of Care (ALC) patients is a priority across the health system. Although we know ALC patients in acute care beds is one of the factors contributing to long waits in Emergency Departments, we don't have a complete understanding of the size of the ALC population, their demographic or clinical characteristics, or what their unmet needs are. Over the past year, representatives from across the health system have developed a standard definition of ALC and a standard document on which to capture information about these patients. This new ALC form will be rolled out in 2016.

Saskatchewan hospitals are very busy; they frequently operate in a state of overcapacity (not enough beds or staff for the number of patients). This is stressful for both patients and care providers; it poses a number of potential safety risks, and impacts the overall quality of care. Individual regions and the province as a whole are looking at a variety of strategies to fix this problem, including new models of care delivery, finding the right staff mix, and improving discharge processes.

Overcapacity situations often occur because patients ready for care in another sub-acute setting cannot access them in a timely way or the services the patient needs are not available. As a result, many patients spend many extra days waiting for services to be coordinated or created. These patients are considered to be "alternate level of care" or "ALC" patients. The definition of an ALC

patient is: Someone who is occupying a bed in an acute care facility and does not require the intensity of resources/service provided in that acute care setting.

We know we have many of these patients in our system. Unfortunately, we don't know who these patients are, what services they are waiting for, and what is causing the delay in their transition process. We need this information so that we can improve coordination of services to get people discharged earlier into a more comfortable setting, or develop new services that would provide the care people need in the community. This information will help deal with the overcapacity issues and current strain on our health system and ensure patients receive the right care, at the right time, in the right place. Providers don't like working in an unsafe environment of overcapacity and patients don't want to be in the hospital longer than they need to. This initiative will make our hospitals safer and help our patients get back to their homes, family, and friends sooner.

The goals for ALC were later updated to include: *All Regional and Community hospitals in the province will be collecting ALC data by March 31, 2017.* In Heartland Health Region, ALC data collection went live across our seven acute care sites during the months of October and November, 2017. The ALC Information will be reviewed during acute care "virtual" rounds conducted weekly with each of the site's Managers, Assistant Head Nurses, Director of Acute Care Services and our Senior Medical Officer. This information will allow us to focus our energies on improving the services that will allow our patients to have the right care in the right place at the right time through seamless care coordination.

Heartland Health Region has fully implemented by March 31, electronic data capture of ALC clients and their needs into the HQC web portal. Data became viewable in March of 2017, allowing a first glimpse into the service delays or needs of patients in the ALC status. In 2018, this will allow our region to further look at what the needs of communities are, allowing patients to return strong and healthy sooner, or to receive specialized care (such as rehab or mental health inpatient services) faster.

Interdisciplinary Daily Rounds (IDR)

In support of the provincial initiative for reducing Emergency Department waits, the region moved to implement Interdisciplinary Rounding.

The Provincial target was that by March 31, 2017, all adult medicine, surgery and ICU's in tertiary and regional hospitals would be rounding at the bedside as an interdisciplinary team, involving patient and families in the rounds, using one single integrated care plan and identifying ALC patients. All with the intent to minimize delays for transition. *The target for our health region was for IDR implementation in our district hospital.* IDR is a process which brings the care providers together at the bedside with the acute patient and family on a daily basis, first thing in the morning, to plan and evaluate the patient's care.

There are four main objectives:

1. Updating hospital course and current status of the patient
2. Defining goals and interventions required

3. Quality and safety checks
4. Reviewing plan for the day and stay

The Interdisciplinary team includes the Family Physician, the RN, LPN or Care Aide providing care for the day, Home Care RNs, Occupational Therapist, Physiotherapist, Dietitians, Diabetic Educators and Pharmacy as required specific to the patient's needs. The round is led by the Physician who asks each team member to summarize the patient care from their clinical expertise; including the patient's success, challenges and changes in the past 24 hours. The team is then able to discuss and collaborate together with the patient to set goals for the day and ultimately for safe discharge or transfer. The patient now knows when to expect the Physician and members of the team and with all members of the team present at once, it reduces the need for the patient to have repeated assessments by multiple providers in a day. The patient also has the opportunity to hear how their care is progressing, to participate in the discussion, to answer questions and most importantly address their questions to the team.

Figure 20: Kindersley Staff before entering Patient's Room for IDR



The rounds take only a few minutes and provide a clear plan for the day ahead. With a plan in place team members can easily return during the day to provide the care, therapy or education the patient requires without having to gather information from other team members or ask repetitive questions to the patient. IDR has been found to improve patient, family and staff satisfaction; to decrease the patient's length of stay; to improve patient outcomes and flow, to reduce hospital related illness or injury; increase patient safety and improve interdisciplinary communication and care coordination.

Figure 21: Pharmacy Jabber "Sheldon"



The Kindersley IDR team kicked off in the fall of 2016, familiarizing themselves with the Provincial Initiative, and discussing processes to bring the team members to the bedside. With the support of Clinical Educators, the team worked together to create the necessary education for staff on the tools, templates and scripts designed to allow for a smooth IDR to occur. In January of 2017, the Kindersley team began IDR implementation and have worked diligently over the past few months to learn, modify and grow into the process. Collaborating with Information Technology (IT), the team was able to address some of the barriers common in rural settings, such as attendance for off-site services such as Pharmacy. IT introduced a telemedicine option which allows the offsite Pharmacist, through secured video services, to participate as part of the team and be visible/accessible to the patient via monitor. The team has named the Pharmacy Jabber rolling computer "Sheldon"!

The supported trial phase of IDR will continue in Kindersley for several more months. Once self-sustainable, the learnings will be shared and the process replicated throughout HHR's acute care sites. IDR requires co-ordination at a very busy time of the day. The Kindersley IDR team is to be commended on their commitment to the process and to the patients that they serve!

Emergency Room Standardization

Heartland Health Region has continued to work on the standardization of equipment, supplies and education throughout the region. This includes the introduction of Regional Emergency Room (ER) Medical Directives, setting standards of care and interventions in place for several of the most common reasons patients present to the ER. This includes up to date chest pain and sepsis directives to name a few. Crash cart medications and equipment, including upgraded cardiac monitors has continued to move throughout the organization, ensuring staff serving patients have the most up to date practices, diagnostic tools and medications at the tip of their fingers in a standardized manner. With this we have further added capnography to all newly purchased cardiac monitors, as well as hand held devices that can be used in the ER or for inpatient services. Capnography allows Physicians and Nurses to determine the effectiveness of treatment for respiratory and cardiac management.

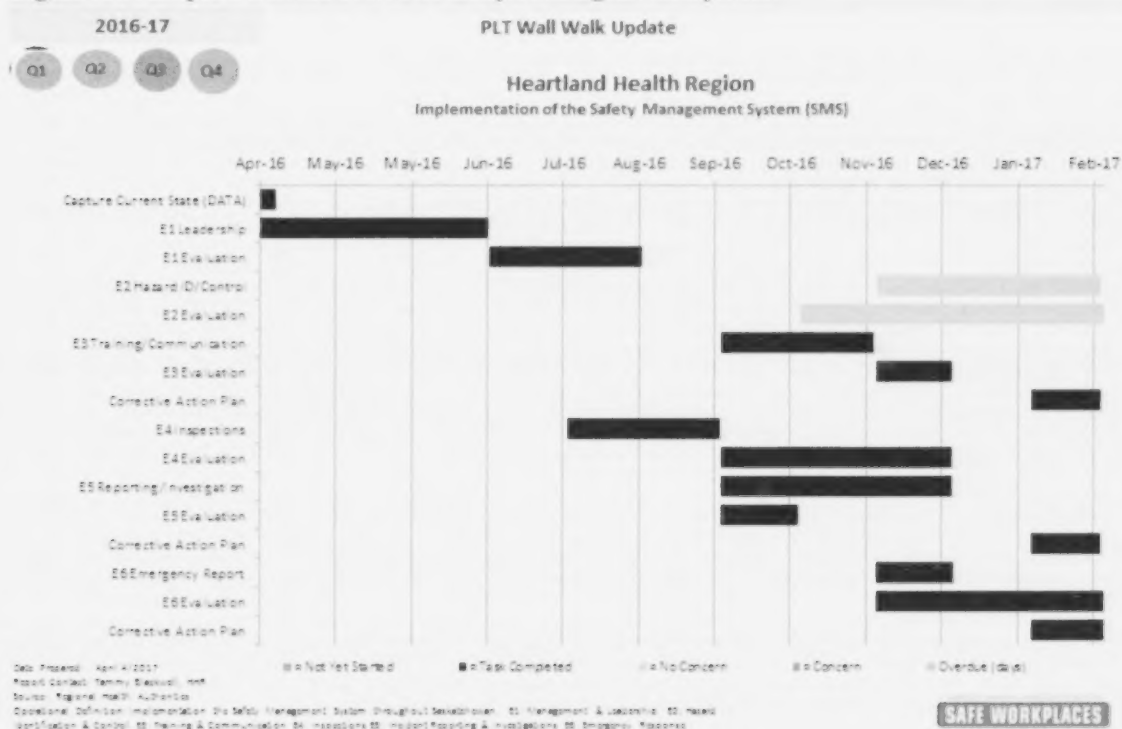
2. Culture of Safety

Heartland Health Region is committed to providing a safe work environment for all workers while providing quality client care. Heartland Health Region is working alongside all other health regions to meet the provincial goal of *"no harm occurring to clients or workers by March 31, 2020."* We have been working on a number of projects this past year to meet this goal:

- Beginning plans to implement a safety alert system. This type of system would support workers, clients and their families to immediately report any potential or actual unsafe situation with problem-solving occurring at the local level to prevent the severity of the incident from escalating or recurring.
- Implementation of the six elements of the provincially-adopted Safety Management System. The purpose of the safety management system is to identify, eliminate, and control hazards that all contribute to a sustained system that protects the health and safety of our workers.
- Ensuring all workplace time loss back/shoulder injuries are investigated to determine what the causing factor was and that corrective actions are put into place that would prevent recurrence.

Heartland's Occupational Health and Safety (OH&S) department fully implemented all six elements of the Safety Management System which has provided a solid safety culture foundation.

Figure 22: Implementation of the Safety Management System



We recognize that the work ahead of us now focuses on the implementation by all workers. We plan to achieve these goals by: encouraging workers to report incidents and participate in thorough investigations of those incidents; reviewing all worker incident reports that are submitted and working with that worker and the local site to ensure corrective actions are implemented; sharing examples of learnings from workplace incidents that have occurred as learning opportunities to raise awareness with all employees; expecting regular worksite inspections; support for local Occupational Health and Safety Committees in all sites; and timely employee support by our Employee Wellness Nurse.

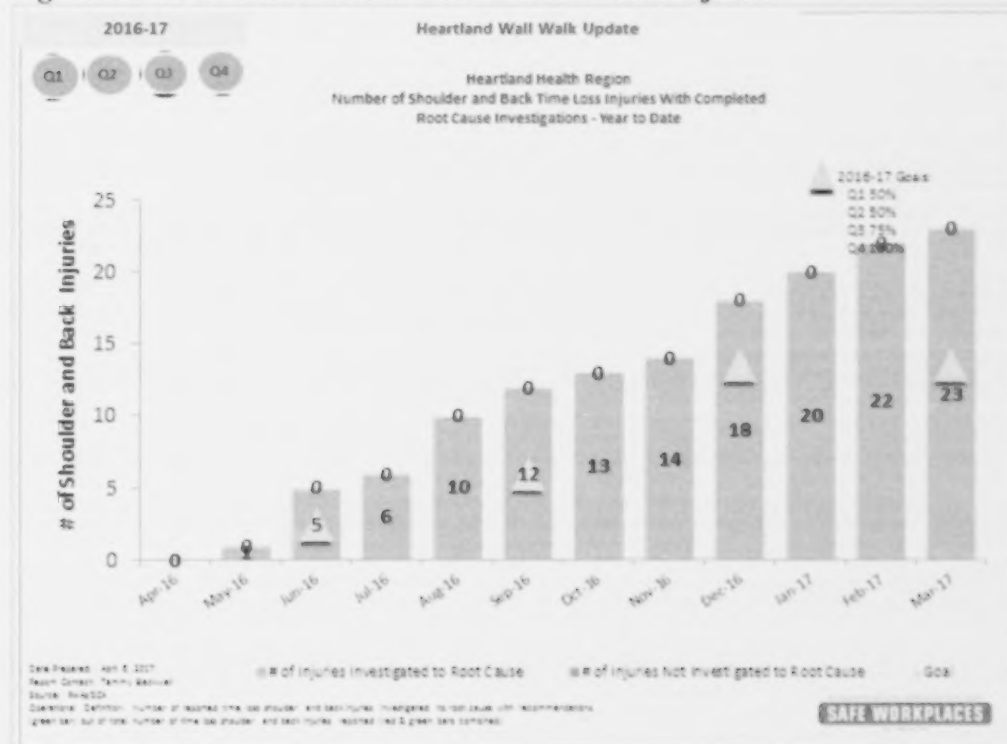
Another initiative of the OH&S department is providing Ergonomic assessments of employee workspaces. This year a total of 19 assessments were conducted and recommendations provided on how to improve workstations.

The OH&S department continues to provide regular safety-related training to HHR employees such as; Saskatchewan Association for Safe Workplaces in Health (SASWH) Safety for Supervisors education to all Heartland staff who have supervisory responsibilities so they are prepared to manage those responsibilities when required of them; Personal Assault Response Training; Transferring, Lifting, and Repositioning; WHMIS; and respiratory protection testing.

The region has active Occupational Health and Safety Committees (OHC) in each facility and office that meet quarterly to enhance the culture of safety by investigating workplace incidents, performing worksite inspections and promoting OH&S.

Another safety priority was to ensure that 100% of time loss back and shoulder injuries were investigated to root cause. We are pleased that Supervisors and our OHC members within Heartland took this task very seriously and ensured all of those important investigations were complete. The importance of any investigation is the resulting corrective actions to be put in place to lessen the risk of the incident recurrence.

Figure 23: Number of Shoulder and Back Time Loss Injuries



3. Seniors Care

Home Care – Seniors

One of the Ministry of Health's goals is to keep seniors in their homes as long as possible. An integral part of this is the use of home care which exists to support people to continue to live in their homes. This support can be from RNs or Continuing Care Aides to help with tasks of daily living (i.e. meal preparation & laundry). All people who want to access home care are assessed for need. They also have on-going assessments regularly completed.

The tool for this assessment is an internationally recognized tool called the Minimum Data Set (MDS) – Home Care. From the data, the tool gives scores in particular areas that tell us how people function in the daily lives and gives us an idea of their care needs.

In order to ensure that we are continuing to provide care to clients with complex needs so that they can remain at home, Heartland monitors one of these scores. It is called the Method of Assigning

Priority Levels (MAPLe) score and gives an indication of the complexity of care. The scale is rated 1 – 5 with 5 being highest complexity of care.

To continue to be aligned with the Ministry's goals, we monitored MAPLe scores to ensure we were providing home care so that people could stay in their homes as long as possible.

Target: Percentage of clients with a MAPLe scores of three to five, who rate 5 of the MAPLe outcome score will be the same or greater than 40.5 % (average for 2015-2016).

Goal achieved: Average for 2016-2017 was 42.75%

We are continuing to support people remaining in their homes even when they have complex care needs.

Long Term Care

Several years ago, the Ministry of Health developed a series of standards called Program Guidelines for Special Care Homes which were to be used as policies in long term care facilities (LTC). Following an Ombudsman's report, investigation it was found that health care staff did not know about these standards, what were incorporated into the standards or that the standards were not in regional policies. The Ministry then developed a two-pronged strategy to remedy these gaps. The first strategy was the development of a DVD and accompanying documents that summarized each of the modules in the program guidelines. The expectation is that all staff that work in LTC view these DVDs and complete the required quizzes.

The second strategy was that all health regions had to have policies that were in alignment with all of the standards of the program guidelines.

Along with these 2 strategies, the Ministry developed targets for their completion.

Target # 1 - Relevant HHR policies and procedures will be written or revised to comply with the Program Guidelines for Special Care Homes by December 30, 2016.

Results - Review, revision or development of 100% of policies to align with the standards in Program Guidelines were achieved by March 31, 2017.

Target # 2 - 100 % of care staff working in LTC facilities will have completed the education on the Program Guidelines for Special Care Homes by March 31, 2017. 100% of remaining/support staff working in LTC facilities will have completed the education on the Program Guidelines for Special Care Homes by March 31, 2018.

Results - As at March 31, 2017, 66% of care staff had completed the education on Program Guidelines and 37% of support staff. The plan to meet this target in 2017-2018 is to revise and implement facility specific plans to ensure that all staff completes the education as required.

Table 6: Dashboard - Long Term Care Quality Indicators

<i>Objective</i>	<i>Measures</i>				<i>Status</i>
LTC Quality Indicators	2016-17 Target	Sask Average	HHR Average (Q3 15-16)	HHR Average (Q3 16-17)	
• Residents who fell in last 30 days	9.00%	10.58%	10.07%	11.89%	
• Antipsychotics without a Diagnosis	28.00%	24.99%	22.83%	19.76%	
• Residents whose stage 2-4 pressure ulcer worsened	2.00%	2.15%	2.43%	2.58%	
• Residents with a newly occurring stage 2-4 Pressure Ulcer	2.00%	1.97%	2.49%	2.66%	
• Residents in daily physical restraints	10.36%	10.38%	24.64%	22.25%	
• Residents whose pain worsened	8.00%	9.61%	6.88%	8.35%	
• Residents whose bladder incontinence worsened	16.00%	17.70%	11.71%	11.01%	

Although we did not meet all of our quality indicator targets in 2016-2017, the plan for 2017-2018 is the incorporation of Daily Visual Management in all of our facilities. This includes focused education on Daily Visual Management and breaking down the goals into smaller implementation projects.

4. Financial Imperative

Overtime

Health Care Employers have been challenged by the Ministry of Health to reduce overtime hours and cost within the health care system. Excessive overtime is an expensive way to operate a business and is not an efficient or value-added use of public funds. Achieving financial health is important for everyone in the Heartland Health Region – employees, managers, leaders, and the people we serve.

Heartland did not meet our provincial target for overtime reductions for 2016-2017. ***Our overtime target was 24 hours/FTE (full time equivalent)*** and our actual was 44.20 hours/FTE (49,504.53 hours). This is an increase of 0.36 hours/FTE (295.51 hours or 0.6%) overall from 2015-2016 when we were at 43.84 hours/FTE (49,209.02 hours). The Saskatchewan average was 39.86 hours/FTE in 2016-2017.

Table 7: Overtime Hours/FTE 2011-2017



Heartland's overtime hours have in the past been below the Saskatchewan average; this is the third year in six years that our overtime has been higher than the provincial average. Significant factors in the increase in overtime are a shortage of staff in rural areas, particularly relief/replacement staff and a lack of availability for call-in work.

Overtime hours for 2015-2016 and 2016-2017 by union affiliation and including Out of Scope (OOS) and total overtime hours are identified in the table below.

Table 8: Overtime Hours by Union Affiliation

2015-2016			% of OT Hours	2016-2017		% of OT Hours
	OT Hours	Hours/FTE		OT Hours	Hours/FTE	
	Target = 24.0			Target = 24.0		
SUN	9,612.09	52.66	19.6%	10,133.34	53.80	20.5%
SEIU	31,518.99	40.38	64.1%	30,440.67	39.55	61.5%
HSAS	7,827.86	83.24	15.9%	8,773.10	89.86	17.7%
OOS	241.08	3.71	0.5%	157.42	2.45	0.3%
Totals	49,209.02	43.84	100.0%	49,504.53	44.20	100.0%
SK Avg.		41.12			39.86	

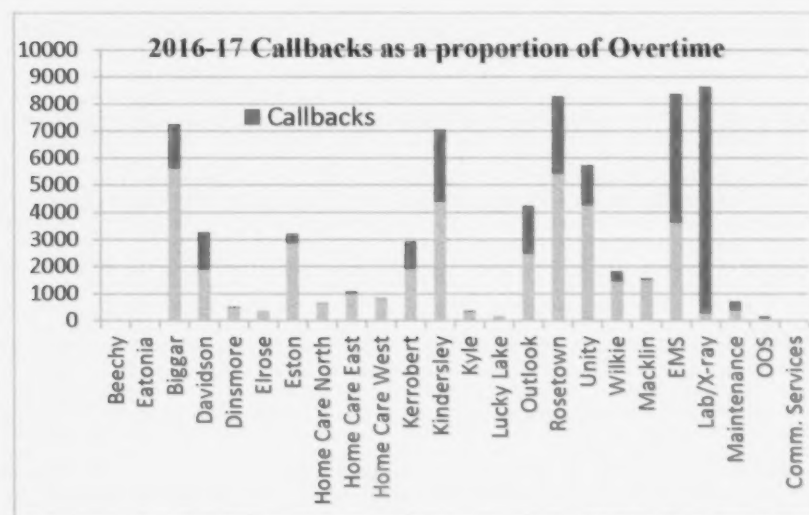
2016-2017 overtime costs are identified in the following table; along with the percentage of overall HHR overtime hours and costs for each department or service:

Table 9: Overtime Hours and Costs for each Department and Service

Department/ Service	Overtime Hours/FTE Target = 24.0	Annual Overtime Hours	Annual Overtime Costs (Premium \$\$, not Base)
RN	53.80	10,133.34 (20.5%)	\$407,655.49 (31.4%)
CCA	42.01	12,703.49 (25.7%)	\$264,957.22 (20.4%)
Lab/X-Ray	203.46	8,637.76 (17.5%)	\$239,484.18 (18.5%)
LPN	54.16	4,827.56 (9.8%)	\$157,876.93 (12.2%)
EMS	189.19	8,370.71 (16.9%)	\$159,443.43 (12.3%)
Dietary	21.67	2,085.73 (4.2%)	\$40,075.13 (3.1%)
All other Depts/Services	n/a	2,731.61 (5.5%)	\$28,372.69 (2.2%)
Regional Totals	44.20	49,504.53	\$1,298,236.93

Emergency Medical Services and Diagnostic services have had some unavoidable overtime (callbacks) as this represents the normal method of provision of emergency/urgent care. 28.2% of the region's overtime premium hours are due to callbacks.

Figure 24: 2016-2017 Callbacks as a Proportion of Overtime



The target for Heartland's overtime for 2017-2018 remains 24.0 overtime hours per FTE. Strategies have been put in place to reduce overtime and meet the target in the future.

Overtime Reduction Strategies include:

Proactive Recruitment:

- Fill vacancies on a timely basis (both temporary and permanent)
- Do anticipatory hiring where known vacancies are upcoming

Workload Issues:

- Staffing Guidelines for Call-in have been established for all departments in each site / program; these are regularly reviewed and updated by Managers and staff replacement reflects patient census and care needs
- Staffing Replacement Guidelines and Priority Work Functions have been established in each site / program
- Staff mix / model changes have been implemented as appropriate
- Master Rotations are reviewed to ensure effectiveness of schedules and routines and to maximize the integration of staffing wherever possible. Hours of operation are reviewed to improve service hours and reduce need for the callback of staff to provide service
- Overtime is restricted in scheduled / elective specialty programs and support services

Vacation & Leave Management:

- Vacation Guidelines are in place for all departments/programs to better manage staffing capacity for pre-planned vacation periods
- Appropriate use and scheduling of RN Relief positions and new CCA Relief positions in Kindersley and Rosetown and summer vacation relief CCA positions in Biggar, Outlook and Unity

Accountability:

- Need accountability at the operational level to be successful in reducing overtime; Huddle meetings will continue with Managers, Supervisors, Directors, Human Resources, Scheduling and Finance staff to review staffing data, identify root causes of overtime and commit to corrective actions
- Electronic Scheduling Services will be expanded to ensure the scheduling of staff follows standard and consistent processes

Sick Time

Heartland did not meet our provincial target for sick time reductions for 2016-2017. *Our sick time target was 64.0 hours/FTE and actual was 84.29 hours/FTE.* This is an increase in sick time hours/FTE from 2015-16 when hours/FTE were 81.52. The Saskatchewan average was 83.52 hours/FTE in 2016-2017.

Figure 25: Sick Time Hours/FTE from 2011-2017



Figure 26: Sick Time Hours by Affiliation

	2015-2016				2016-2017			
	Sick Leave Hrs (Paid)	Sick Leave Hours (Paid & Unpaid)	Hours/FTE Target = 64.0	% of Sick Leave	Sick Leave Hrs (Paid)	Sick Leave Hours (Paid & Unpaid)	Hours/FTE Target = 64.0	% of Sick Leave
SUN	14,704.48	15,263.30	76.29	13.5%	14,741.43	15,408.88	78.36	13.0%
SEIU	71,062.48	89,727.87	85.07	79.3%	71,825.79	93,899.78	93.31	79.0%
HSAS	5,517.04	5,674.33	57.70	5.0%	7,495.22	7,507.47	76.77	6.3%
OOS	2,517.22	2,517.22	38.58	2.2%	1,994.97	2,009.97	31.09	1.7%
TOTALS	93,801.22	113,182.72	81.52	100%	96,057.41	118,826.10	84.29	100%
SK Avg.			80.62				83.52	

The target for Heartland's sick time for 2017-18 is 64.0 sick leave hours per FTE. Strategies have been put in place to reduce overtime and meet the target in the future.

Sick Leave Reduction Strategies include:

Early Return to Work:

- Expectations are in place for when employees call into work sick – timely Management follow up with the employee in order to determine restrictions & limitations, offer modified duties or request medical verification
- An experienced and trained employee is valuable, even in a modified capacity - lists of modified duties have been developed by Ability Management

Physician Collaboration:

- Ability Management Coordinator is reaching out to physicians on a one-to-one basis to receive functional assessments & develop progressive return to work programs
- Physicians support early return to work by providing objective identification of medical limitations/abilities; Employers determine modified duties
- Focus on what injured/disabled employees can do, not what they can't do.

Attendance Support:

Continued and increased focus on Attendance Support strategies:

- To promote regular and consistent attendance in a positive and proactive manner, using a consistent and sensitive approach
- To sensitize employees to the importance of regular attendance, and to enhance their attendance awareness
- To identify and address workplace issues impacting employee attendance

Other Projects

As identified in the beginning of the Progress section, there were other projects reported on throughout the year at the Regional Walks. This year's report will highlight one of those projects:

EMS Stabilization

Heartland Health Region (HHR) has experienced significant issues with the provision of EMS services over the past several years. As an indicator of the importance of this service, the challenges it was facing, the associated risks to the organization and to the clients we serve EMS Stabilization has been a regional focus for improvement for the last three years.

The Project Plan identified the problem statement as:

Patients in need of or "requiring" emergency medical services (EMS) often experience excessive, unreasonable wait times and delays for services that result in:

- Client dissatisfaction/frustration
- Potential for negative client outcomes
- Staff/physician dissatisfaction/frustration
- Risk to client/staff safety

The Root Cause Analysis included issues and barriers related to: manpower, fleet challenges, regional geography/ service locations, call volumes, service disruptions (ER and EMS) and wait times in tertiary.

A Preferred Future State was identified as one whereby the region will have a reliable and effective emergency medical response system where the system will:

- respond to patient needs in a timely manner,
- respond with a consistent level of service,
- ensure client and staff safety is a focus of all responses, and
- provide meaningful employment for staff,
- be cost efficient

Using the 3P Stabilization Plan developed in March of 2015 we have taken opportunities as they presented to make some positive changes to the provision of EMS in our region. Support to stabilize EMS services in the region continues. In 2016-2017 the Board continued their commitment to stabilize the EMS Fleet and approved the lease of two new ambulance units.

EMS Fleet

Goal: Fleet health report card improves – 5% decrease in fleet assessment scores

Each year our EMS Fleet and Equipment Management Committee assess all the EMS fleet vehicles and rates them using a standard template. Over the years the ratings have continued to increase, indicating the health of the EMS fleet was declining.

Over the past four years, eight new ambulance units have replaced aging units in the fleet. With the support of regional leadership and our board we have been able to continue implementing the Fleet Management Plan and we are seeing an overall improvement in the health status of the EMS fleet.

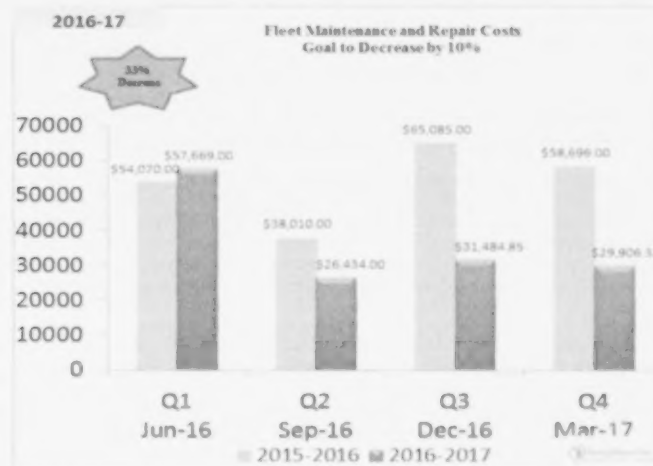
Figure 27: Fleet Health Report Card



Goal: Repair costs stabilize or decline – 10% decrease in repair and maintenance costs

For the past many years our unit failures and maintenance/repair costs for the EMS fleet have increased substantially. With the ongoing investments into the Fleet Management Plan, the region expected to see a decline in repair costs. In 2015-2016 the region spent \$215,861.00 on EMS fleet maintenance and repairs. In 2016-2017 the region spent \$144,377 on EMS fleet maintenance and repairs, a savings of just over \$71,000. Overall there was a 33% decrease in fleet maintenance and repair costs.

Figure 28: Fleet Maintenance and Repair Costs



EMS Staffing

Goal: Vacancy ratios – Vacancy ratios to decline by 10%

EMS positions can be hard to recruit to in rural communities. Lower call volumes and extended periods of on call assignment can make recruiting new staff challenging. Over the past year we recruited twenty five new staff to casual and part time positions with EMS in the region. Currently two of our thirty-seven part time and full time positions in EMS are vacant. We have also expanded Community Paramedicine programming to four additional communities in 2016-2017.

Community Paramedicine is a program that uses EMS professionals working in collaboration with the health care teams in communities to help to meet client health needs. Community Paramedics in our region are performing regular client wellness checks, home safety checks, and health assessments and monitoring. Community Paramedics are also working closely with Home Care to provide Wellness Clinics and with Primary Health Care by assisting with the Walk-This-Way program. Community Paramedics work collaboratively with other health services to improve client outcomes and supports. The Community Paramedicine program has been an effective recruitment and retention tool for EMS staff as it allows staff additional opportunities to utilize their paramedic knowledge and skills. The Community Paramedicine staff function as a part of a collaborative health team.

Figure 29: Vacancies Goal to Decrease



Goal: FTE – Total number of FTE should increase by 10%

Staff working EMS are hired into on-call casual, part time and full time positions. We have a total of 29.25 FTE (37 positions) and several casual positions. We were unable to financially support enhancing the number of positions in EMS in 2016-2017.

Figure 30: Full Time Equivalents Goal to Increase



Out of Service Times

Goal: Out of Service Time – Out of Service Times should decrease by 10%

Out of service time is defined as the amount of time an ambulance was not available to respond from the home base to calls in that EMS coverage area – a neighboring EMS site would have to be dispatched to respond to any calls in that area.

Out of service times can be caused by a number of factors (on a transfer and no back-up unit is available at the site, unit maintenance/repair, staffing, etc.) Our most common cause of out of service time is the inability to find staff to be on call for the EMS service. Some services have seen improvements in out of service time while others have increased the amount of out of service time they experienced.

Figure 31: Out of Service Time Goal



Overtime

Goal: Overtime – Decrease EMS Overtime Hours by 10%

EMS overtime continues to climb. *The provincial target of 24 hrs of overtime per FTE is not obtainable within the current EMS staffing models.*

Overtime has negative effects on staff, leading to burnout, safety concerns, job dissatisfaction, stress and other health issues. Overtime is generally a concern in the larger, busier EMS services.

While it is understandable to have some overtime in EMS, the nature of the business is 24 hours a day and very unpredictable, it should be far less than what we are currently experiencing. Recruitment challenges with casual on-call positions, fewer staff responding to calls, out-of-services times increasing in some services necessitating neighboring services responding to calls in the community where the ambulance is out-of-service, bottlenecks in tertiary care and physician service disruptions all impact EMS and regularly result in call-back or overtime premiums.

Some sites experienced a significant increase in call volume that resulted in an increase in overtime. New staffing rotations designed to limit overtime and call back opportunities were developed and implemented for many of the EMS services in the region. Many of these master rotation changes occurred later in the fiscal year so the region has not seen the full impact on overtime of the rotation changes.

Figure 32: Overtime Hours Goal

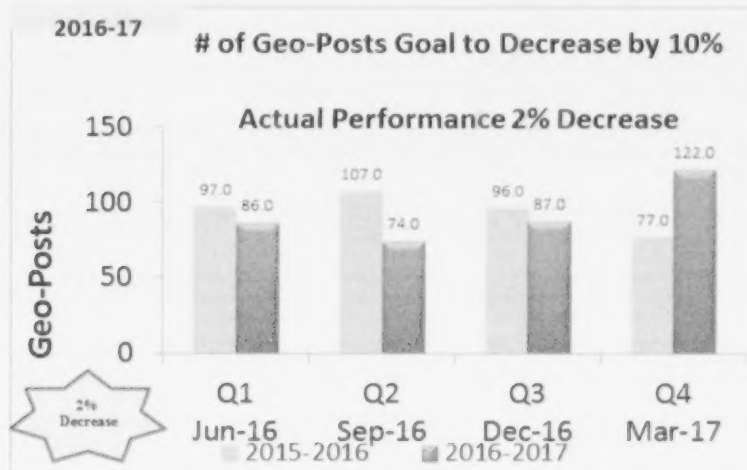


Geo-Posting

Goal: Geo-Posting – Decrease the # of Geo-Posts by 10%

EMS crews geo-post when an area of the health region does not have an ambulance within a reasonable response time. A staffed ambulance unit will move to the area or part way between two response areas to provide coverage. Geo-posting is necessary in areas of the region due to higher call volumes and staffing challenges. Geo-posting is a temporary coverage option to peaks in call volumes and staffing challenges. Higher numbers of geo-posts usually indicate staffing shortages and/or high demands for service.

Figure 33: Number of Geo-Posts Goal to Decrease by 10%



While significant improvements were seen in many areas we did not meet our improvement targets in all areas. We will continue to make improvements and investments when possible to improve our performance in these areas. All four of the unmet targets will be positively impacted with the investment of additional staffing positions. We continue to look for efficiencies and additional investment for EMS staffing to improve these targets.

Table 10: Summary of Annual EMS Stabilization Goals

EMS Stabilization 2016-2017		
Goals	Actual Performance	Goal Status
5% Decrease in Fleet Assessment Scores	6% Decrease	Met Goal
10% Decrease in Fleet Repair and Maintenance Costs	33% Decrease	Met Goal
Vacancy Ratios to Decline by 10%	46% Decrease	Met Goal
Total Number of FTE Increased by 10%	1% Decrease	Did Not Meet Goal
Out of Service Times Decreased by 10%	19.1% Increase	Did Not Meet Goal
Decrease Overtime Hours by 10%	3% Increase	Did Not Meet Goal
Decrease the # of Geo-Posts by 10%	2% Decrease	Some progress, Did Not Meet Goal

Payee Disclosure Lists

As part of government's commitment to accountability and transparency, the Ministry of Health and Regional Health Authorities disclose payments of \$50,000 or greater made to individuals, affiliates and other organizations during the fiscal year. These payments include salaries, contracts, transfers, supply and service purchases and other expenditures.

Payee Disclosure List: Personal Services

Listed are individuals who received payments for salaries, wages, honorariums, etc., which total \$50,000 or more.

AADLAND, STEPHANIE	80,547
ABBOTT, JEANETTE	84,655
ABELADA, ESTELA	53,425
ADRIAN, LORI	50,608
ALEXANDER, KRISTA	112,493
ALLEN, GERALYN	67,639
AMES, EVELYN	100,233
AMY, VANESSA	79,456
ANDERSON, BRENDA	71,062
ANDERSON, COLETTE	52,094
ANDERSON, LAURIE	85,437
ANDERSON, LEONA	69,289
ANDERSON, WENDY	83,733
ANDREWS, WENDY	56,723
ANHOLT, GARY	52,053
ANHOLT, LAURIE	54,267
ANHOLT, VICTORIA	54,259
ANHORN, PATRICIA	61,422
ANTUFEAFF, JOSEPH	50,622
APPEL, VERNON	103,279
ARAMENKO, TODD	57,356
ARNOTT, FRED	54,899
ARSENAULT, LEAH	91,602
ASKILDT, JAYNE	79,780
AYLWARD, PATRICIA	77,449
BABY, BINU	56,952
BACHMAN, JANET	56,682
BACHMAN, TAMMY	71,167
BAILEY, AMY	52,241
BAPTISTA, AMELIA	54,462
BARKER, DOUGLAS	64,073
BARTLETT, RHONDA	104,994

BASLER, CAROLYNE	72,004
BATALLONES, BONIFACIO	125,926
BATALLONES, WILLIAM	51,504
BAUML MURRAY, MARIANNE	51,592
BAWA, ABISHA	69,729
BAXTER, JANINE	70,489
BAZLEY, RENAE	75,656
BECKER, ANIKA	88,946
BECKER, CHRISTOPH	94,765
BEDFORD, SHIRLEY	51,644
BEESON, DOUGLAS	97,768
BEESON, JACKIE	81,642
BELCHER, CALLISTA	59,981
BELLIVEAU, DONNA	54,602
BENCHARSKI, MELISSA	65,144
BENCHARSKI, PATRICIA	82,125
BERTOIA, STEPHANIE	65,544
BILLET, KRYSTAL	82,794
BILLETT, DANA	86,513
BLACKWELL, TAMMY	96,598
BLAKE, CANDACE	83,970
BLANCHETTE, DEBRA	112,009
BLANCHETTE, KRYSTLE	55,212
BLENKIRON, KANDIS	56,169
BLODER, JANET	80,153
BLOSKY, ERIC	83,812
BLOSKY, NICHOLE	88,219
BOHN, NOREEN	50,061
BOKITCH, ALLISON	102,259
BONNELL, LAURA	74,086
BORDEN, SHARON	52,310
BORNE, RODNEY	86,506

BORNYK, VINCENT	105,727
BOSCH, DONNA	57,628
BOSCH, STACEY	180,846
BOTHNER, CHARLOTTE	105,226
BOUTKAN, JOANNE	55,556
BOYCE, ZELLY	89,208
BOYLE, ALAN	95,361
BRENNER, RICHARD	106,009
BRENNER, SHARI	72,718
BRETZER, GAYLEEN	53,386
BREWER, DIANE	60,822
BRIDGEMAN, CELESTE	51,128
BRIGGS, DOREEN	53,383
BRIGHAM, WENDY	110,911
BROST, THERESA	75,092
BROST, VANESSA	58,138
BROWN, CORINNE	100,272
BRUNET, BONNIE	55,969
BUDD, JANELLE	93,284
BUDZ, MARLEE	53,589
BURTON, ERIN	77,194
BURWELL, VANESSA	89,361
BUSCHYNSKYI, RICK	74,534
BUTT, SHARON	79,936
BUYAN, RUDILITA	61,886
CABANILLA, CHRISTIAN	52,204
CAGIGAS, ALHENA	75,069
CALWELL, KERRI	57,429
CAMPBELL, DEANNE	75,203
CHARPENTIER, BARBARA	117,407
CHENEY, ALICIA	119,782
CHEYNE, JAMES	97,564
CHOLIN, MARIE	51,968
CHRISTIE, SHELAH	52,360
CLARK WATSON, GLENDA	68,576
CLARKE, JUDY	72,038
COBEN, DONNA	75,127
COLE, MEGAN	96,191
COLLINS, BONNIE	65,263
COLLINS, DIANE	70,526
CONWAY, MICHELLE	51,193

COOK, SHANNON	60,339
COSSETTE, KIMBERLEY	102,728
COWELL, BARBARA	78,704
CRANEY, LISA	82,894
CRESSMAN, JANICE	76,828
CRICKETT, VALERIE	77,167
CROSS, DONNA	51,231
CROSS, LINDSAY	95,187
CRUSE, SHIRLEY	55,596
CUMMINGS, GREGORY	262,338
CUPPLES, STEVEN	115,121
CURRIE, SHELLEY	57,009
CUTLER, SHELLEY	84,943
DANYCHUK, SHELBI	89,019
DAVID, LAURA	86,514
DAVIDSON, LEE ANN	131,748
DAVIES, CARLOTA	60,601
DE GUZMAN, EILEEN	84,579
DEBUSSAC, NANCY	50,044
DEGENSTIEN, ROBERT	97,045
DEIBERT, KERRY	95,709
DEKOCK, JODIE	55,160
DELAINEY, CAMILLE	103,484
DESROSIERS, CONNIE	50,195
DESROSIERS, WANDA	120,139
DIDYK, DANIELLE	88,237
DIEHL, ERIN	73,347
DILLO, MARIA CHE	52,719
DIMAZANA, SARAH	103,879
DOLEGA-CIESZKOWS, JADWIGA	79,087
DOMMETT, BERNADINE	53,312
DORNSTAUDER, CARRIE	128,876
DOWNEY, ALICIA	93,697
DRURY, JACQUELIN	58,038
DUBKOWSKI, KATHERINE	79,627
DUNN, BONNIE	77,979
DUPUIS, JO-ANN	60,920
DYCK, KAREN	75,317
DYCK, MARYANN	67,492
EAST, AUDRA	88,461
EAST, EVAN	60,863

EBENAL, DANA	75,299
EDBOM, ROBERT	90,629
EHMAN, JUSTINE	59,416
ENGELKE, AMANDA	85,289
ERDMAN, JODI	78,833
ETSELL MCLEOD, ELAINE	92,076
EVENSON, TERRAH	55,633
EYOLFSON, JILL E	63,109
FARDEN, MELISSA	66,338
FAYANT, TAYLOR	54,562
FERGUSON, DEBBIE	51,007
FINLEY, KRISTA	78,728
FISHER, MARY PAT	97,673
FLYNN, RENEE	75,202
FOLDEN, CARYN	54,518
FOLLIICK-YLIOJA, JORDYN	71,969
FORSYTH, SHARON	105,269
FORTIN, CORALEE	55,009
FORTUNA, JEAN	58,523
FOWLER, BLAIRE	89,040
FRANKO, JANELLE	86,077
FRERICH, JENNIFER	86,615
FRIESEN, PERRY	65,404
FRIESEN, REIZAH	102,938
FROYSTAD, LISA	64,361
FULLER, SHELLY	55,433
GAFF, JO ANN	61,901
GARRETT, CHRISTA	72,170
GARTNER, AMANDA	50,932
GARTNER, DIANE	80,932
GEORGE, DOREEN	101,501
GEREIN, JACQUELIN	93,093
GEREIN, NICOLE	96,232
GERSTNER, LISA	78,401
GIANNOULIS, BROOKE	74,296
GIBSON, JILLIAN	74,207
GIENI, CHELSEA	68,203
GILCHRIST, JILLIAN	57,629
GOPINATHAN PILLA, RAHUL	86,565
GORDON, ARLENE	54,240
GORDON, KATHLEEN	51,540

GOTTSCHALK, BRENDA	50,422
GREIER, LEAH	101,831
GROTH, JHALENE	62,370
GURNEY, KRISTA	88,563
GURSKI, ADELL	69,554
GUTTING, ANDRIA	74,325
HABERMEHL, PATRICIA	78,574
HADUIK, CONNIE	96,094
HALDE, SERGE	98,223
HALONEN, MELANIE	74,972
HAMM, AUDREY	114,093
HARDENNE, LINDA	51,996
HARRABEK, NATASHA	54,279
HARTMAN, AMANDA	80,564
HARTSOOK, MEGAN	66,535
HAUBRICH, KATRINA	57,352
HAUG, BEVERLY	60,741
HAUGEN, KIRSTI	74,726
HAWKINS, ERIN	90,546
HAYES, BRENT	117,552
HAYES, TERI LYNN	86,897
HEALEY, COLLEEN	113,050
HEALEY, SHERRI	97,581
HEIDT, TRACY	103,021
HEILMAN, AUDRY	83,500
HEINTZ, TWILLA	51,789
HENNEDIGE, UDITH	54,401
HESS, ERIN	51,957
HIEBERT, ELIZABETH	90,595
HILDEBRAND, STACEY	54,210
HILL, CAROL	94,441
HILL, LILLIANE	54,288
HINTHER, CATHY	104,373
HODGINS, GENA	50,804
HODGINS, SANDRA	70,325
HOEHN, CAROL	83,060
HOFFMAN, LORNA	95,651
HOFFMAN, RACHAEL	65,942
HOGAN, KAREEN	74,430
HOLTON, IAN	57,843
HOPKINS, CATHY	75,088

HOUSTON, NATALIE	90,546
HUBER, CAROL	57,424
IGBEKOYI, RUTH	75,414
IGINI CLOSE, MARIE	64,484
IRELAND, SCHARLENE	104,472
IRWIN, KIRSTEN	77,024
IWEGBU, NWANDO	97,778
JACKSON, LINDSAY	59,014
JACOBSEN, LUCILLE	51,675
JAMES, CARLA	58,310
JOHB, LAUREN	55,895
JOHNSON, JENNA	70,304
JOHNSON, KATHRYN	73,526
JOHNSTON, MEGAN	64,439
JONES, KATHLEEN	96,969
JONESCU, KATELYN	64,276
JOY, SABIN	88,894
KAHNAPACE, SALLY	97,630
KAMMER, KAREN	54,843
KAPELL, KEVIN	81,488
KAUTH, MONICA	51,158
KEGLER, AUDREY	51,645
KEMBEL, KELLEY	103,875
KERR, KYLE	65,926
KILCHER, NORMA	97,391
KING, RYAN	51,571
KIRKNESS, BRIAN	58,889
KISSICK, KAREN	73,817
KNIGHT, KERA	56,631
KNORR, ALLISON	58,875
KNORR, GLORIA	77,726
KNORR, NANCY	97,641
KOLESNIK, MONICA	114,049
KON, LEONA	56,687
KOOP, CAROLYN J	96,391
KOWALCHUK, AMBER	97,952
KRISTIANSEN, EMILY	53,863
KRONBERG, DIANE	86,153
KRUESEL, FAYE	70,625
KURULAK-MILNE, DEBORAH	95,637
KWASNEY, JENNIFER	77,435

LANGAGER, JUDY	82,477
LARSON, CAROL	64,333
LARWOOD, SYLVIE	61,174
LAVIGNE, BEVERLEY	50,768
LEBRUNO, KRISTEN	74,320
LEGROW, WENDY	56,656
LENZ, TRACY	76,893
LI, MENGYAO	71,506
LILBURN, CHITINE	116,312
LINDBERG, LORRAINE	125,152
LITTLEBEAR, CARRIE	60,806
LOITZ, TERRIE	74,631
LONGTIN, CATHY	87,897
LOW, BONNIE JE	50,516
LUSCOMBE, KELSIE	55,045
MABBETT, LANA	79,631
MACKERACHER, DEBBIE	72,106
MACRAE, JOAN	50,303
MAGNUS, MARILYN	55,768
MAHARAJ, SUBHAS	96,013
MALCOLM, ANGELA	80,242
MAMER, KAREN	90,394
MANN, LAURIE	50,449
MANSALAPUS, RUFINA	52,936
MARCHUK, ANDREA	72,288
MARTENS, KRISTA	70,665
MARTIN, SHERRY	58,168
MASSEY, PATSY	81,736
MASSIE, LESLEY	75,821
MATHERS, ALISON	60,817
MATHEW, ANEESH	112,279
MATHEW, STENI	52,485
MAY, CARLA	71,929
MAZZEI, CHRIS	55,794
MCADAM, CALI	59,403
MCCALLUM, MARVA	55,155
MCCANN, CARMEN	58,664
MCCARTY, MALLORY	57,445
MCCORMICK, ANN	79,524
MCDONALD, ASHLEY	52,944
MCDONALD, JANETTE	51,278

MCDONALD, JOHN	87,633
MCGONIGLE, SEAN	89,865
MCGREGOR, JORDYN	51,723
MCLEOD, ROSEMARY	68,455
MCMANUS, KERI-ANNE	51,706
MCMASTER, JENNIFER	78,766
MCNEIL, LUCILLE	53,093
MCPHAIL, MARIE	53,417
MEIER, KARI	56,264
MEIER, KIRSTIN	72,945
MERKEL, GORDON	103,923
MESCHISHNICK, MICHELLE	52,756
METZ, HAILEY	58,157
MEYER, BERNADETT	50,176
MEYER, JENNIFER	81,178
MEYER, NORMA	60,295
MIDDLETON, JAYMIE	101,516
MILLER, DEANNA	103,949
MILLER, E RUTH	126,143
MILLER, KATHY	94,739
MILLER, NICOLE	82,017
MILLER, SANDRA	54,626
MILLS, DARREN	53,814
MILTON, DEBBIE	104,746
MITCHELL, BRENDA	75,608
MOEN, SANDRA	70,669
MOFOLASAYO, OLAWUNMI	109,742
MOKRY, MARTINE	58,199
MOLNAR, CHERYL	54,358
MONK, DEBRA	59,417
MOORE, BRENDA	61,659
MORO, BREANNE	96,928
MORRILL, MICHEAL	106,185
MORTON, KELSEY	85,127
MOSICKI, CANDICE	74,243
MOSKALYK, STACY	76,625
MOULDING, MIRANDA	62,303
MULDER, BECKY	61,863
MUNRO, JEANNIE	181,484
MURDOCH, ASHLEY	73,524
NASH, JOCELYN	82,283

NATSKE, JACQUELIN	53,139
NEUFELD, MCKENNA	55,768
NEUMEIER, KRISTEN	63,469
NEUMEIER, MICHELLE	57,260
NEWTON, KELCIE	98,177
NEWTON, KIRSTEN L	72,480
NICKEL, MELVIN	67,432
NOBLE, VICKI	72,554
NODWELL, CARLA	74,337
NORDICK, DARRYL	50,843
OLFERT, PAMELA	50,340
OLIPHANT, JANELLE	87,217
OLSON, ASHLEY	74,162
OLSON, PATRICIA	69,429
OLSON, SHERRY L	64,665
OMNESS, LESLIE A	54,393
OZOG, ALLISON	89,719
PACKET, JUDITH	78,764
PAJUNEN, SHEILA	180,658
PALMIER, SHANNON	58,788
PANGMAN, AMANDA	97,579
PAPROSKI, LEANNE	85,465
PARK, GLORIA	104,155
PAVELICH, MARISA	65,988
PEDERSON, MORGAN	62,334
PENNINGTON, MELANIE	59,337
PERKINS, CRYSTAL	70,092
PERNITSKY, JESSI	52,070
PHILLIPS, LISA	117,557
PIERREPONT, WAYNE	123,922
PILLAI, BHAGYANAT	55,966
POITRAS, CHARMAINE	50,095
PRESCOTT, LANA	93,756
PRINCE, JOHN	81,104
PROCTOR, BONNIE	55,790
PURYK, KYILA	87,489
RAMSAY, TAMMY	83,985
RANKIN, ANNE	58,604
REDDEN, DEBBIE	75,581
REDLICK, HALEY	80,400
REIMER, ROBERTA	58,921

REINIGER, AMY	81,148
REMESHYLO, KRISTA	132,677
RENWICK, DEBBI	56,334
RIENDEAU, GAYLE	238,579
RINGROSE, CATHY	124,651
RISSLING, IRENE	50,361
RITCHIE, DAWN	54,153
RITZ, SUSAN	58,241
RIVERA, ANNABELLE	70,319
ROBERTSON, FAY	56,242
ROBILLARD, RYAN	78,068
ROBINSON, WARREN	75,644
ROBSON, SHELLY	104,294
RODGERS, MARILYN	104,649
ROGERS, LEN	53,277
ROSZELL, JOAN	58,823
ROUSE, JANICE	97,301
ROUSELL, TRUDY	75,779
RUBLEE, ANGELA	53,197
SAATHOFF, KARYN	55,802
SALEWSKI, DANA	74,743
SARICH, MARIANNE	52,525
SATTELMEIER, YVONNE	68,617
SAYERS, JENNIFER	81,908
SCHAFER, CLAREEN	89,579
SCHMALZBAUER, CANDACE	50,664
SCHMALZBAUER, JENNIFER	84,711
SCHMIDTZ, STACY	70,637
SCHMIEDGE, ADRIAN	96,746
SCHMIT, JAMES	61,087
SCHOLER, BRENDA	125,944
SCHURMAN, JANICE	57,968
SCHWAB, EVA	57,461
SCHWAB, MICHELLE	77,502
SCHWANBECK, NICOLE	52,375
SCHWENGLER, AMBER	73,729
SCHWENGLER, CINDI	51,014
SENKO, VICTORIA	90,393
SERFAS, KAREN	127,559
SHEPHERD, JENNIFER	73,039
SHERIFF, FODAY	66,147

SIBLEY, TANISLEI	84,453
SILVEIRA, SERGIO	84,179
SIMONS, MARILYN	52,090
SIMONSON, LORI	106,883
SIMONSON, LYNNE	67,934
SIMONSON, SUSAN	68,026
SINCLAIR, AGNES	80,073
SITTLER, NICHOLE	56,337
SMITH, CHERYL	72,521
SMITH, DARLENE	95,684
SMITH, LEAH	73,545
SMITH, SHERI	56,145
SNIDER, HEATHER	112,164
SPEFLE, AMBER	71,482
SPERLE, JOAN	59,482
SPERLE, NOLA	92,802
SPIGOTT, SHARON	76,502
STABBLER, KARI	105,139
STANLEY, LEESA	111,412
STEEVES, TIFFANY	76,543
STEVENS, KIMBERLEY	56,216
STEVENS, TRACEY	54,256
STEWART, BRIANNA	54,662
STEWART, ELKE	51,670
STEWART, WILLIAM	76,643
STOPANSKI, VALERIE	84,584
STOREY, CRYSTAL	79,924
STRATTON, CARLA	60,894
STRAUB, KELSEY	82,885
STRUTT, AMBER	86,852
SUCHAN, AMY	73,395
SUMNER, MELINDA	77,689
SWAN, KRISTIN	64,996
SWEET, CHERYL	50,139
SWEET, MEGAN	71,930
SWINSON, ANNABELLE	119,586
TABADURA, JOY	53,256
TABASSUM, REHNUMA	51,438
TADENA, MARIA	51,233
TAYLOR, JANELLE	75,824
TAYLOR, JONATHAN	53,869

TERNES, DALE	108,094
THIESSEN, SHERI	70,785
THOMAS, EAPEN	53,841
THOMSON, CHRISTINA	79,458
THOMSON, KARI	75,488
THORSTAD, MORGAN	60,670
TOLENTINO, MARY ANN	55,809
TORRANCE, CAROLYN	78,854
TRARBACK, SHELLEY	76,427
TRUMBLEY, BETTYANN	105,097
TUCKER, JAYLEEN	55,485
TUCKER, ROSELLA	51,665
TURNER, MARLA	53,148
TURTON, AMBER	69,706
VALEN, BRENDA	51,050
VAN DYK, ANDREW	87,090
VANDERZWAAG, GLORIA	110,565
VENDIOLA-CABANIL,	
ISIDERLYN	61,391
VERONELLY, YVONNE	116,667
VIJAYAN, MRUDUL	52,101
VIRTUDEZ, DIANA	67,405
VOLK, TRACY	60,734
WAGNER, LESLIEANN	98,392
WALKER, STACI	104,030
WALKER, TARA	74,952
WALLACE, LAUREL	65,432
WARKENTIN, SHERI	92,680
WARREN, LYNNE	120,233
WARRINGTON, CHANTAL	50,239

WATT, TRACEY	82,101
WEBBER, JANINE	54,400
WEBER, DAWN	79,777
WEBSTER, JAMES	87,958
WELLS, BONNIE	95,168
WENDT, ADRIENNE	67,519
WENZEL, KRISTENE	80,391
WESTBURY, THERESA	69,048
WESTON, MARLENE	114,453
WHITEFORD, MARILYN	54,730
WHITNEY, JOAN	66,520
WIEBE, DIANNE	56,847
WIENS, CHRISTINE	106,429
WILDEMAN, BERNIE	54,534
WILINSKI, CHERYL	54,042
WILLIAMS, LAURA	62,540
WINNY, JOANNE	86,012
WINNY, TERESA	54,313
WIPF, JODY	53,263
WOLFE, RON	61,175
WUOLLET, DANIELLE	72,327
YLIOJA, DANICA	62,046
YMBONG, FARRAH MA	50,207
YOUNG, CASSANDRA	74,423
YOUNG, LAURIE	57,727
ZIMMER, ANDREA	85,540
ZLATNIK, KERRI	73,646
ZOLLER, SHARLENE	88,264

Disclosure of Suppliers 2016 – 17

Payee Disclosure List: Transfers Listed, by program, are transfers to recipients who received \$50,000 or more.

BRIDGEPOINT CENTRE FOR EATING DISORDERS INC	586,964
INDIVIDUALIZED HOME CARE FUNDING	219,056
ST. JOSEPH'S HEALTH CENTRE	2,368,247

Payee Disclosure List: Supplier Payments

Listed are payees who received \$50,000 or more for the provision of goods and services including office supplies, communications, contracts and equipment.

3S HEALTH	1,030,888
ARI FINANCIAL SERVICES T46163	1,048,259
ARJOHUNTLEIGH CANADA INC	68,847
ASSA ABLOY	115,626
ASSOC. RADIOLOGISTS OF STOON	277,452
BECKMAN COULTER CANADA LP	57,502
BEECHY/DEMAINE EMERGENCY SERVICES	119,527
BOURASSA AND ASSOCIATES REHABILITATION CENTRE	82,523
CARDINAL HEALTH CANADA INC	572,312
CDW CANADA	57,415
CENTENNIAL FOODSERVICE	133,203
COVIDIEN CANADA ULC	90,092
CYPRESS HEALTH REGION	83,412
DR HARJEET NANDA	182,710
DR OLAWALE FRANKLIN IGBEKOYI	373,501
DR DAVID TORR	183,370
DR J.C. COOPER	386,638
DR L. WILLIAMS	191,156
DR OLAMIPO BAMIGBOJE	341,977
DR RAPHAEL THULANI MTSHALI	110,318
DR RAZAQ TOKUNBO T DAHIRI	325,568
DR AMRISH RAMIAH	333,065
EATONIA OASIS LIVING INC	121,593
ECOLAB INSTITUTIONAL DIVISION	81,621
EHEALTH SASKATCHEWAN	292,662
FLAWLESS FLOORING SERVICES	62,181
FRIESEN TOKAR ARCHITECTS	101,575
GRAND & TOY	178,815
GREAT WEST LIFE ASSURANCE CO	441,464
HILL-ROM CANADA LTD	203,048
HIROC INSURANCE SERVICES LIMITED	125,468
HOSPIRA HEALTHCARE CORPORATION	354,383
IMPACT ENERGY SERVICES	85,271
INSTRUMENTATION LABORATORY CANADA	275,780
INTER MEDICO	73,904
JOHNSON, DR DAN	50,270
KPMG	63,925

KTM EXTERIORS	75,181
LOOMIS EXPRESS, A DVI OF TFI TRANSPORT	51,809
MID AMBULANCE & CARE LTD	117,047
MARSH CANADA LTD	213,549
MCKESSON CANADA	261,903
MCKESSON DISTRIBUTION PARTNERS	51,155
MED2020 HEALTH CARE SOFTWARE	72,191
NEW HORIZONS STAFFING INC	82,836
ORTHO CLINICAL DIAGNOSTICS CANADA HOLDING CORPORATION	246,559
PENTAX CANADA INC.	103,847
PHYSIO CONTROL CANADA SALES LTD.C/O. T11076C	103,701
PLAINSMAN FIVAC-R LTD	271,102
PRAIRIE NORTH HEALTH REGION	115,591
PROVINCIAL PUBLIC SAFETY TELECOMMUNICATION NETWORK	90,552
QUADRANT	63,137
RCDP / CPDN	96,366
ROCHE DIAGNOSTICS	122,368
SAPUTO DAIRY PRODUCTS CANADA G.P.	122,584
SASK TEL	497,758
SASKATCHEWAN ENERGY CORP	441,044
SASKATCHEWAN HOUSING CORPORATION	216,568
SASKATCHEWAN POWER CORPORATION	1,168,736
SASKATCHEWAN REG. NURSES ASSOC	149,670
SASKATOON HEALTH REGION	58,659
SCHAAAN HEALTHCARE PRODUCTS	666,125
SGI CANADA INSURANCE SERVICES LTD.	146,475
SIMPLEX GRINNELL	103,247
STERIS CANADA INC.	75,213
SYSCO FOOD SERVICES	1,227,574
TARNIS ELECTRIC LTD.	166,875
TAYCAM ENTERPRISES LTD.	68,383
THE STEVENS COMPANY LTD.	130,557
TOWN OF KINDERSLEY	76,981
VITAL AIRE	132,936
WALLACE, WILDA	69,219
WBM OFFICE SYSTEMS	67,218
WOOD WYANT INC	205,731
ZOLL MEDICAL CANADA	80,372

Payee Disclosure List: Other Expenditures

Listed are payees who received \$50,000 or more for expenditures not included in the above categories.

ISH HEALTH - DENTAL PLAN	736,932
ISH HEALTH - DISABILITY INCOME PLAN	604,475
ISH HEALTH - ENHANCED DENTAL/EXTENDED HEALTH PLAN	1,716,813
CRA - CANADA PENSION PLAN	2,698,572
CRA - EMPLOYMENT INSURANCE	1,316,733
HEALTH SCIENCES ASSOC OF SASKATCHEWAN	124,141
SASKATCHEWAN HEALTH CARE EMPLOYEE'S PENSION PLAN	5,073,567

SASKATCHEWAN UNION OF NURSES	282,868
SASKATCHEWAN WORKERS' COMPENSATION BOARD	1,082,328
SERVICE EMPLOYMENT INTERNATIONAL UNION - WEST	627,986

Financial Statements

MANAGEMENT'S REPORT

Heartland Health Region

May 19th, 2017

The accompanying financial statements are the responsibility of management and have been approved by the Heartland Regional Health Authority. The financial statements have been prepared by management and, except as explained below, are presented fairly in accordance with Canadian public sector accounting standards and the Financial Reporting Guide issued by Ministry of Health. The financial statements reflect management's best estimates and judgments based on currently available information.

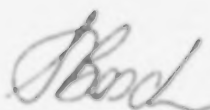
Management is also responsible for the existence of an appropriate information system, procedures and controls to ensure that the information used by management internally and disclosed externally is complete and reliable. In addition, management is responsible for establishing and maintaining an adequate system of internal control to provide reasonable assurance that the financial records provide relevant, reliable and accurate information and assets are safeguarded.

The Authority delegates the responsibility of reviewing the financial statements and overseeing Management's performance in financial reporting to the Finance/Audit Committee. The Finance/Audit Committee meets with the Authority, Management and the external auditors to discuss and review financial matters and recommends the financial statements to the Authority for approval. The Authority approves the annual report and, with the recommendation of the Finance/Audit Committee, approves the financial statements.

KPMG LLP, an independent firm of Chartered Accountants, has full and open access to the Finance/Audit Committee and has been engaged to examine the financial statements and provide their independent auditors' report thereon.



Gayle Riendeau
Interim President and
Chief Executive Officer



Stacey Bosch
Vice President of
Corporate Services

Financial Statements of

**HEARTLAND REGIONAL
HEALTH AUTHORITY**

Year ended March 31, 2017



KPMG LLP
500-475 2nd Avenue South
Saskatoon Saskatchewan S7K 1P4
Canada
Tel (306) 934-6200
Fax (306) 934-6233

INDEPENDENT AUDITORS' REPORT

To the Authority Members

We have audited the accompanying financial statements of Heartland Regional Health Authority, which comprise the statement of financial position as at March 31, 2017, the statements of operations, remeasurement gains and losses, changes in fund balances and cash flows for the year then ended and notes, comprising a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian public sector accounting standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on our judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, we consider internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.



Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of Heartland Regional Health Authority as at March 31, 2017, and its results of operations, its remeasurement gains and losses, its changes in fund balances, and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

KPMG LLP

Chartered Professional Accountants

May 15, 2017

Saskatoon, Canada

HEARTLAND REGIONAL HEALTH AUTHORITY

Statement of Financial Position

Year ended March 31, 2017, with comparative information for 2016

	Operating Fund	Restricted Fund	Total March 31, 2017	Total March 31, 2016
ASSETS				
Current assets				
Cash and short-term investments (Schedule 2)	\$ 10,455,685	\$ 5,154,805	\$ 15,610,490	\$ 14,598,831
Accounts receivable				
Ministry of Health - General Revenue Fund	229,708	278,230	507,938	728,199
Other	919,111	168,218	1,087,329	1,244,790
Inventory	1,473,790	-	1,473,790	1,465,354
Prepaid expenses	611,392	-	611,392	587,869
	13,689,686	5,601,253	19,290,939	18,625,043
Investments (Schedule 2)	2,202,561	1,297,544	3,500,105	4,558,184
Capital assets (Note 3)	-	92,235,401	92,235,401	96,138,832
Total Assets	\$ 15,892,247	\$ 99,134,198	\$ 115,026,445	\$ 119,322,059
LIABILITIES AND FUND BALANCES				
Current liabilities				
Accounts payable	\$ 1,229,303	\$ 20,834	\$ 1,250,137	\$ 999,981
Accrued salaries	3,550,661	-	3,550,661	4,111,394
Vacation payable	6,914,813	-	6,914,813	7,301,146
Mortgages payable (Note 5)	-	459,590	459,590	481,233
Long term debt (Note 6)	-	231,869	231,869	161,904
Deferred revenue (Note 7)	2,421,599	-	2,421,599	2,421,756
	14,116,376	712,293	14,828,669	15,477,414
Long term liabilities				
Mortgages payable (Note 5)	-	1,814,420	1,814,420	2,469,545
Long term debt (Note 6)	-	1,085,361	1,085,361	1,063,743
Employee future benefits (Note 11)	3,113,600	-	3,113,600	3,043,600
Total Liabilities	17,229,976	3,612,074	20,842,050	22,054,302
Fund Balances:				
Invested in capital assets	-	88,644,161	88,644,161	91,962,407
Externally restricted (Schedule 3)	-	4,308,232	4,308,232	4,292,753
Internally restricted (Schedule 4)	-	2,569,731	2,569,731	2,350,326
Unrestricted deficit	(1,337,729)	-	(1,337,729)	(1,337,729)
Fund balances (Statement 4)	(1,337,729)	95,522,124	94,184,395	97,267,757
Total Liabilities & Fund Balances	\$ 15,892,247	\$ 99,134,198	\$ 115,026,445	\$ 119,322,059

Contractual Obligations (Note 4)

Pension Plan (Note 11)

Approved by the Board of Directors:





The accompanying notes and schedules are part of these financial statements.

HEARTLAND REGIONAL HEALTH AUTHORITY

Statement of Operations

Year ended March 31, 2017, with comparative information for 2016

	Operating Fund		Restricted Fund		
	Budget 2017 (Note 12)	2017	2017	Total 2017	Total 2016
REVENUES					
Ministry of Health - general	\$ 94,870,367	\$ 93,873,070	\$ 650,000	\$ 94,523,070	\$ 95,310,290
Other provincial	231,239	254,631	101,921	356,552	400,364
Patient & client fees	9,671,496	9,825,408	-	9,825,408	9,854,229
Out of province (reciprocal)	619,000	668,685	-	668,685	734,827
Out of country	13,500	29,257	-	29,257	26,658
Donations	75,000	175,583	189,283	364,866	1,749,264
Ancillary	180,412	174,108	-	174,108	204,789
Investment	190,000	188,450	99,523	287,973	287,990
Recoveries	1,539,989	2,335,855	-	2,335,855	1,642,223
Other	192,994	248,399	-	248,399	277,983
Total revenues	107,583,997	107,773,446	1,040,727	108,814,173	110,488,617
EXPENSES					
Inpatient & resident services					
Nursing administration	4,309,779	4,333,815	-	4,333,815	4,381,659
Acute	4,957,142	4,692,507	139,131	4,831,638	6,770,506
Supportive	6,460,484	6,703,352	57,643	6,760,995	9,616,138
Integrated	27,761,073	28,046,121	4,876,911	32,923,032	28,396,917
Total inpatient & resident services	43,488,478	43,775,795	5,073,685	48,849,480	49,165,220
Physician compensation					
Physician compensation	3,694,962	3,080,231	-	3,080,231	3,163,195
Ambulatory care services	197,149	188,305	-	188,305	149,654
Diagnostic & therapeutic services	9,824,040	10,017,388	-	10,017,388	10,002,075
Community health services					
Primary health care	1,192,844	1,267,581	1,495	1,269,076	1,240,795
Home care	7,406,706	7,329,428	11,652	7,341,080	7,390,865
Mental health & addictions	3,646,917	3,411,986	-	3,411,986	3,356,097
Population health	3,477,058	3,446,757	4,445	3,451,202	3,398,158
Emergency response services	6,380,267	6,154,619	352,259	6,506,878	6,540,922
Other community services	385,436	378,837	-	378,837	430,792
Total community health services	22,489,228	21,989,208	369,851	22,359,059	22,357,629
Support services					
Program support	6,179,192	5,691,396	19,901	5,711,297	6,199,925
Operational support	20,311,149	20,897,766	-	20,897,766	20,205,134
Other support	490,002	602,176	-	602,176	535,616
Employee future benefits	70,000	70,000	-	70,000	9,800
Total support services	27,050,343	27,261,338	19,901	27,281,239	26,950,475
Ancillary	166,662	121,833	-	121,833	210,234
Total expenses (Schedule 1)	106,910,862	106,434,098	5,463,437	111,897,535	111,998,482
Excess (deficiency) of revenues over expenses	\$ 673,135	\$ 1,339,348	\$ (4,422,710)	\$ (3,083,362)	\$ (1,509,865)

The accompanying notes and schedules are part of these financial statements.

HEARTLAND REGIONAL HEALTH AUTHORITY

Statement of Remeasurement Gains and Losses

Year ended March 31, 2017, with comparative information for 2016

	2017	2016
Accumulated remeasurement gains, beginning of year	\$ -	\$ -
Unrealized gains (losses) attributed to:		
Investments (Note 2, Schedule 2)	-	-
Realized gains (losses), reclassified to statement of operations:		
Investments (Note 2, Schedule 2)		
Designated fair value	-	-
Equity instruments	-	-
Net remeasurement gains (losses) for the year	-	-
Accumulated remeasurement gains (losses), end of year	-	-

The accompanying notes and schedules are part of these financial statements.

HEARTLAND REGIONAL HEALTH AUTHORITY

Statement of Changes in Fund Balances

Year ended March 31, 2017, with comparative information for 2016

2017	Operating Fund	Restricted Fund	Total 2017
Fund balance, beginning of year	\$ (1,337,729)	\$ 98,605,486	\$ 97,267,757
Excess (deficiency) of revenues over expenses	1,339,348	(4,422,710)	(3,083,362)
Interfund transfers (Note 14)	(1,339,348)	1,339,348	-
Fund balance, end of year	\$ (1,337,729)	\$ 95,522,124	\$ 94,184,395

2016	Operating Fund	Restricted Fund	Total 2016
Fund balance, beginning of year as previously reported	\$ (1,337,729)	\$ 100,115,351	\$ 98,777,622
Excess (deficiency) of revenues over expenses	1,166,474	(2,676,339)	(1,509,865)
Interfund transfers (Note 14)	(1,166,474)	1,166,474	-
Fund balance, end of year	\$ (1,337,729)	\$ 98,605,486	\$ 97,267,757

The accompanying notes and schedules are part of these financial statements.

HEARTLAND REGIONAL HEALTH AUTHORITY

Statement of Cash Flow

Year ended March 31, 2017, with comparative information for 2016

	Operating Fund		Restricted Fund	
	2017	2016	2017	2016
Cash provided by (used in):				
Operating activities:				
Excess (deficiency) of revenue over expenses	\$ 1,339,348	\$ 1,166,474	\$ (4,422,710)	\$ (2,676,339)
Net change in non-cash working capital (Note 8)	(268,213)	1,081,200	(13,091)	(447,217)
Amortization of capital assets	-	-	5,386,576	5,294,296
(Gain) loss on disposal of capital assets	-	-	(76,136)	58,065
	1,071,135	2,247,674	874,639	2,228,805
Capital activities:				
Purchase of capital assets				
Buildings/construction	-	-	(323,355)	(1,054,609)
Land	-	-	(8,170)	(67,774)
Equipment	-	-	(1,233,461)	(1,604,561)
Proceeds on disposal of capital assets				
Buildings	-	-	155,277	-
Equipment	-	-	2,700	52,606
	-	-	(1,407,009)	(2,674,338)
Investing activities:				
Redemption (purchase) of long term investments	1,033,078	1,019,565	25,001	(69,049)
	1,033,078	1,019,565	25,001	(69,049)
Financing activities:				
Repayment of debt	-	-	(733,556)	(755,468)
Increase in capital leases	-	-	309,115	275,917
Repayment of capital leases	-	-	(160,744)	(95,403)
	-	-	(585,185)	(574,954)
Net increase (decrease) in cash & short				
term investments during the year	2,104,213	3,267,239	(1,092,554)	(1,089,536)
Cash & short term investments,				
beginning of year	9,690,820	7,590,055	4,908,011	4,831,073
Interfund transfers (Note 14)	(1,339,348)	(1,166,474)	1,339,348	1,166,474
Cash & short term investments,				
end of year (Schedule 2)	\$ 10,455,685	\$ 9,690,820	\$ 5,154,805	\$ 4,908,011

The accompanying notes and schedules are part of these financial statements.

HEARTLAND REGIONAL HEALTH AUTHORITY

Notes to Financial Statements

Year ended March 31, 2017

1. Legislative Authority

The Heartland Regional Health Authority (RHA) operates under *The Regional Health Services Act* (The Act) and is responsible for the planning, organization, delivery, and evaluation of health services it is to provide within the geographic area known as the Heartland Health Region, under section 27 of The Act. The Heartland RHA is a not-for-profit organization and is not subject to income and property taxes from the federal, provincial, and municipal levels of government. The RHA is a registered charity under the *Income Tax Act* of Canada.

2. Significant Accounting Policies

These financial statements have been prepared in accordance with Canadian public sector accounting (PSA) standards, issued by the Public Sector Accounting Board and published by CPA Canada. The RHA has adopted the standards for government not-for-profit organizations, set forth at PSA Handbook section PS 4200 to PS 4270.

(a) Health Care Organizations (HCO)

- i) The RHA has agreements with and grants funding to the following prescribed HCOs and third parties to provide health services:

- Canadian Mental Health Association (Saskatchewan Division) Inc.
- Bridgepoint Centre for Eating Disorders Inc.

Note 10 b) i) provides disclosure of payments to prescribed HCOs and third parties.

- ii) The following affiliate is incorporated (and is a registered charity under *The Income Tax Act* of Canada):

- St. Joseph's Integrated Health Centre of Macklin Inc.

The RHA provides annual grant funding to this organization for the delivery of health care services. Consequently, the RHA has disclosed certain financial information regarding this affiliate.

This affiliate is not consolidated into the RHA financial statements. Alternatively, Note 10 b) ii) provides supplementary information on the financial position, results of operations, and cash flows of this affiliate.

HEARTLAND REGIONAL HEALTH AUTHORITY

Notes to Financial Statements (continued)

Year ended March 31, 2017

(b) Fund Accounting

The accounts of the RHA are maintained in accordance with the restricted fund method of accounting for revenues. For financial reporting purposes, accounts with similar characteristics have been combined into the following major funds:

i) Operating Fund

The operating fund reflects the primary operations of the RHA including revenues received for provision of health services from Ministry of Health - General Revenue Fund, and billings to patients, clients, the federal government and other agencies for patient and client services. Other revenue consists of donations, recoveries, and ancillary revenue. Expenses are for the delivery of health services.

ii) Capital Fund

The capital fund is a restricted fund that reflects the equity of the RHA in capital assets after taking into consideration any associated long-term debt. The capital fund includes revenues received from Ministry of Health - General Revenue Fund provided for construction of capital projects and/or the acquisition of capital assets. The capital fund also includes donations designated for capital purposes by the contributor. Expenses consist primarily of amortization of capital assets.

(c) Revenue

Unrestricted revenues are recognized as revenue in the operating fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted revenues related to general operations are recorded as deferred revenue and recognized as revenue of the operating fund in the year in which the related expenses are incurred. All other restricted revenues are recognized as revenue of the appropriate restricted fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

HEARTLAND REGIONAL HEALTH AUTHORITY

Notes to Financial Statements (continued)

Year ended March 31, 2017

(d) Capital Assets

Capital assets are recorded at cost. Normal maintenance and repairs are expensed as incurred. Capital assets, with a life exceeding one year, are amortized on a straight-line basis over their estimated useful lives as follows:

Asset	Rate
Land Improvements	5 to 12.5%
Buildings	2.5 to 10%
Equipment	5 to 33%

Donated capital assets are recorded at their fair value at the date of contribution (if fair value can be reasonably determined.)

(e) Inventory

Inventory consists of general stores, medical and surgical, pharmacy, laboratory, linen, and other. All inventories are held at the lower of cost or net realizable value as determined on the first in, first out basis.

(f) Employee future benefits

i) Pension plan:

Employees of the RHA participate in several multiemployer defined benefit pension plans or a defined contribution plan. The RHA follows defined contribution plan accounting for its participation in the plans. Accordingly, the RHA expenses all contributions it is required to make in the year.

ii) Disability income plan:

Employees of the RHA participate in several disability income plans to provide wage-loss insurance due to disability. The RHA follows post-employment benefits accounting for its participation in the plans. Accordingly, the RHA expenses all contributions it is required to make in the year.

iii) Accumulated sick leave benefit liability:

The RHA provides sick leave benefits for employees that accumulate but do not vest. The RHA recognizes a liability and an expense for sick leave in the period in which employees render services in return for the benefits. The liability and expense is developed using an actuarial cost method. Actuarial gains and losses are amortized on a straight-line basis over the expected average remaining service life of the related employee groups.

HEARTLAND REGIONAL HEALTH AUTHORITY

Notes to Financial Statements (continued)

Year ended March 31, 2017

(g) Measurement Uncertainty

These financial statements have been prepared by management in accordance with Canadian public sector accounting standards. In the preparation of the financial statements, management makes various estimates and assumptions in determining the reported amounts of assets and liabilities, revenues and expenses and in the disclosure of commitments and contingencies. Changes in estimates and assumptions will occur based on the passage of time and the occurrence of certain future events. The changes will be reported in revenues or expenses in the period in which they become known.

(h) Financial Instruments

The RHA has classified its financial instruments into one of the following categories: i) fair value or ii) cost or amortized cost.

All financial instruments are measured at fair value upon initial recognition. The fair value of a financial instrument is the amount at which the financial instrument could be exchanged in an arm's-length transaction between knowledgeable and willing parties under no compulsion to act. The following financial instruments are subsequently measured at cost or amortized cost:

- Accounts receivable
- Short-term and long-term investments
- Accounts payable, accrued salaries and vacation payable
- Long-term debt
- Mortgages payable

The related debt premium or discount and transaction costs are included in the carrying value of financial instruments recorded at cost or amortized cost and are amortized into interest expense using the effective interest rate method.

As at March 31, 2017 the RHA does not have any material outstanding contracts or financial instruments with embedded derivatives. All financial assets are assessed for impairment on an annual basis. When a decline is determined to be other than temporary, the amount of the loss is reported in the statement operations.

(i) Replacement Reserves

The RHA is required to maintain certain replacement reserves as a condition of receiving subsidy assistance from Canada Mortgage and Housing Corporation (CMHC). Schedule 4 shows the changes in these reserve balances during the year.

(j) Leases

Leases that transfer substantially all of the benefits and risks of ownership related to the leased property from the lessor to Heartland Regional Health Authority are accounted for as a capital lease. Other leases are accounted for as operating leases.

HEARTLAND REGIONAL HEALTH AUTHORITY

Notes to Financial Statements (continued)

Year ended March 31, 2017

(k) New accounting standards not yet in effect

A number of new Canadian public sector accounting standards and amendments to standards are not yet effective for governments and have not been applied in preparing these financial statements. The following standards will become effective as follows:

- i. PS 2200 Related Party Disclosures (effective April 1, 2017), a new standard defining related parties and establishing guidance on disclosure requirements for related party transactions.
- ii. PS 3210 Assets (effective April 1, 2017), a new standard providing guidance for applying the definition of assets and establishing disclosure requirements for assets.
- iii. PS 3320 Contingent Assets (effective April 1, 2017), a new standard defining and establishing guidance on disclosure requirements for contingent assets.
- iv. PS 3380 Contractual Rights (effective April 1, 2017), a new standard defining and establishing guidance on disclosure requirements for contractual rights.
- v. PS 3420 Inter-Entity Transactions (effective April 1, 2017), a new standard establishing guidance on accounting for and reporting on transactions between organizations in the government reporting entity.
- vi. PS 3430 Restructuring Transactions (effective April 1, 2018), a new standard defining a restructuring transaction and establishing guidance on recognition and measurement of assets and liabilities transferred in a restructuring transaction.
- vii. PS 3450 Financial Instruments (effective April 1, 2019), a new standard establishing guidance on the recognition, measurement, presentation and disclosure of financial instruments, including derivatives.
- viii. PS 2601 Foreign Currency Translation (effective April 1, 2019), replaces PS 2600 with revised guidance on the recognition, presentation and disclosure of transactions that are denominated in a foreign currency.
- ix. PS 1201 Financial Statement Presentation (effective in the period PS 3450 and PS 2601 are adopted), replaces PS 1200 with revised general reporting principles and standards of presentation and disclosure in government financial statements.
- x. PS 3041 Portfolio Investments (effective in the period PS 3450, PS 2601 and PS 1201 are adopted), replaces PS 3040 with revised guidance on accounting for, and presentation and disclosure of, portfolio investments.

The region plans to adopt these new and amended standards on the effective date and is currently analyzing the impact this will have on these financial statements.

HEARTLAND REGIONAL HEALTH AUTHORITY

Notes to Financial Statements (continued)

Year ended March 31, 2017

3. Capital Assets

	Cost	Accumulated Amortization	Net Book Value	
			2017	2016
Land	\$ 348,488	\$ -	\$ 348,488	\$ 348,488
Land Improvements	805,731	561,900	243,831	277,470
Buildings	139,705,758	53,133,959	86,571,799	90,313,637
Equipment	25,199,769	20,194,561	5,005,208	5,199,237
Construction in progress	66,075	-	66,075	-
	<u>\$ 166,125,821</u>	<u>\$ 73,890,420</u>	<u>\$ 92,235,401</u>	<u>\$ 96,138,832</u>

4. Contractual Obligations

a) Capital Assets Acquisitions

At March 31, 2017, contractual obligations for the acquisition of capital assets were \$426,984 (2016 - \$398,075).

b) Operating Leases

Minimum annual payments under operating leases on property and equipment over the next five years are as follows:

2018	\$ 367,618
2019	186,853
2020	178,966
2021	8,323
2022	-

HEARTLAND REGIONAL HEALTH AUTHORITY

Notes to Financial Statements (continued)

Year ended March 31, 2017

4. Contractual Obligations (continued)

c) Capital Leases

	Cost	Accumulated Amortization	Net Carrying Amount	
			2017	2016
Ambulances under capital lease	859,502	289,976	569,526	421,155
Total	859,502	289,976	569,526	421,155

Assets under capital lease are included in capital assets in Note 3 and long term debt in Note 6.

The ambulances are amortized on a straight-line basis over the economic life beginning in the year of acquisition.

Minimum annual payments under capital leases on equipment over the full lease term are as follows:

2018	\$	192,891
2019		192,891
2020		151,425
2021		79,244
2022		5,746
Total minimum lease payments		622,197
Less amount representing interest		(52,671)
Balance of the obligation		569,526
Less current portion		(192,891)
Long term portion	\$	376,635

Equipment under capital leases consists of 6 ambulance leases with interest rates of 3.04% to 3.57%.

d) Asset Retirement Obligations

The RHA may be subject to asset retirement obligations on its facilities for which the fair value cannot be reasonably estimated due to the indeterminate timing and scope of removal. The asset retirement obligation for these assets will be recorded in the period in which there is sufficient information to estimate fair value.

e) Contracted Health Care Organizations

The RHA continues to contract on an ongoing basis with private health service operators to provide health services in the RHA. Services provided in the year ending March 31, 2017 will continue to be contracted for the following fiscal year. Note 10 b) provides supplementary information on Health Care Organizations.

HEARTLAND REGIONAL HEALTH AUTHORITY

Notes to Financial Statements (continued)

Year ended March 31, 2017

5. Mortgages Payable

Title of Issue	Interest Rate	Annual Repayment Terms	Balance Outstanding	
			2017	2016
Prairie Manor, Dinsmore - CMHC mortgage	4.69%	Mortgage paid in full in 2016-17	\$ -	\$ 225,955
Prairie View Lodge, Davidson - CMHC mortgage, due Dec 1, 2020	2.11%	\$42,477 principal & interest of which \$473 is subsidized by SHC yielding an effective interest rate of 2.00%. Mortgage renewal date - Jan 1, 2019. Guaranteed by building NBV \$509,538.	153,036	191,861
Outlook & District Pioneer Home, Outlook - CMHC mortgage, due Apr 1, 2021	1.05%	\$56,007 principal & interest. Mortgage renewal date - April 1, 2021. Guaranteed by building NBV \$nil.	216,053	265,549
Heritage Manor Kindersley - CMHC mortgage, due May 1, 2021	1.82%	\$261,227 principal & interest. Mortgage renewal date - Sept 1, 2019. Guaranteed by building NBV \$2,309,130.	1,047,507	1,287,408
Jubilee Lodge, Eston - CMHC mortgage, due June 1, 2022	1.04%	\$70,067 principal & interest. Mortgage renewal date - Oct 1, 2020. Guaranteed by building NBV \$180,066.	357,847	423,836
Golden Years Lodge, Elrose - CMHC mortgage, due Aug 1, 2025	1.01%	\$61,937 principal & interest of which \$90,000 is subsidized by SHC yielding an effective interest rate of nil. Mortgage renewal date - Feb 1, 2021. Guaranteed by building NBV \$36,055.	499,567	556,169
			2,274,010	2,950,778
Less current portion			459,590	481,233
			\$ 1,814,420	\$ 2,469,545

Saskatchewan Housing Corporation (SHC) may provide a mortgage subsidy for supportive care homes financed by Canada Mortgage and Housing Corporation (CMHC). The subsidy may change when the mortgage renewal occurs.

For each of the mortgages, the RHA has pledged the related buildings of the special care homes as security. Principal repayments required in each of the next five years and thereafter are estimated as follows:

2018	\$ 459,590
2019	466,816
2020	474,051
2021	470,871
2022	177,206
2023 and subsequent	225,476
	\$ 2,274,010

HEARTLAND REGIONAL HEALTH AUTHORITY

Notes to Financial Statements (continued)

Year ended March 31, 2017

6. Long Term Debt

Title of Issue	Interest Rate	Annual Repayment Terms	2017	2016
Regional Ambulance #1754 - ARI Financial Services Inc. lease, due August 1, 2019	3.57%	\$29,949 principal & interest.	\$ 67,073	\$ 94,183
Regional Ambulance #1759 - ARI Financial Services Inc. lease, due August 1, 2019	3.57%	\$29,949 principal & interest.	67,073	94,183
Regional Ambulance #1917 - ARI Financial Services Inc. lease, due June 1, 2020	3.04%	\$29,727 principal & interest.	89,766	116,395
Regional Ambulance #1918 - ARI Financial Services Inc. lease, due June 1, 2020	3.04%	\$29,727 principal & interest.	89,766	116,394
Regional Ambulance #1944 - ARI Financial Services Inc. lease, due May 1, 2021	3.04%	\$30,785 principal & interest.	129,385	-
Regional Ambulance #1945 - ARI Financial Services Inc. lease, due May 1, 2021	3.04%	\$30,091 principal & interest.	126,463	-
Energy Performance Contract - Toronto Dominion Bank, due May 1, 2027	4.48%	\$91,683 principal & interest.	747,704	804,492
			1,317,230	1,225,647
Less current portion			231,869	161,904
			<u>\$ 1,085,361</u>	<u>\$ 1,063,743</u>

Principal repayments required in each of the next five years is estimated as follows:

2018	\$ 231,869
2019	240,209
2020	207,957
2021	144,029
2022	76,614
2023 and subsequent	416,552
	<u>\$ 1,317,230</u>

HEARTLAND REGIONAL HEALTH AUTHORITY

Notes to Financial Statements (continued)

Year ended March 31, 2017

7. Deferred Revenue

As at March 31, 2017	Balance Beginning of Year	Less Amount Recognized	Add Amount Received	Balance End of Year
Sask Health Initiatives				
Safety Training Initiative	\$ 11,464	\$ -	\$ -	\$ 11,464
Surgical Initiatives	133,134	133,134	-	-
Preventative Dental Services	80,347	45,353	7,031	42,025
Primary Care Redesign	16,851	-	-	16,851
Perioperative Nurse Training	2,521	2,521	-	-
Living the Dream and Talking to Youth	3,643	3,643	-	-
Long Term Care Urgent Issues Action Fund	26,569	16,298	-	10,271
Bursary	6,905	3,434	20,000	23,471
Physicians	20,867	-	188,635	209,502
Total Sask Health	\$ 302,301	\$ 204,383	\$ 215,666	\$ 313,584
Other Government of Sask Initiatives				
Ministry of Education - Kids First Program	\$ 43,387	\$ 96,946	\$ 76,896	\$ 23,337
Ministry of Education - Family & Students Together	12,469	-	-	12,469
3S Health - Nursing Recruitment Funding	159,994	-	-	159,994
3S Health - Preventative Dental Services	14,153	12,961	-	1,192
3S Health - Smart Pump Program	37,549	12,929	52,952	77,572
Regina Qu'appelle Health Region - Primary Care Redesign	65,028	5,739	-	59,289
Ministry of Social Services - Community Inclusive Services and Support	37,560	17,170	-	20,390
SGI - Grace Notes	146	85	1,250	1,311
Ministry of Education - Regional Intersectoral Committee	16,011	-	-	16,011
Saskatoon Regional Health Authority - Autism	107,008	-	-	107,008
Total Other Government of Sask	\$ 493,305	\$ 145,830	\$ 131,098	\$ 478,573
Non-Government of Sask Initiatives				
Workplace Wellness	\$ 901	\$ -	\$ -	\$ 901
Evidence Based Decision Making Workshop	11,927	-	-	11,927
Other	1,584,491	-	31,662	1,616,153
Mobile Family Center	7,936	11,775	4,300	461
Town of Kerrobert - Insurance	20,895	20,895	-	-
Total Non-Government of Sask	\$ 1,626,150	\$ 32,670	\$ 35,962	\$ 1,629,442
Total Deferred Revenue	\$ 2,421,756	\$ 382,883	\$ 382,726	\$ 2,421,599

HEARTLAND REGIONAL HEALTH AUTHORITY

Notes to Financial Statements (continued)

Year ended March 31, 2017

8. Net Change in Non-cash Working Capital

	Operating Fund		Restricted Fund	
	2017	2016	2017	2016
Accounts receivable	\$ 386,607	\$ (534,002)	\$ (8,885)	\$ 1,131,931
Inventory	(8,436)	(51,795)	-	-
Prepaid expenses	(23,523)	(63,339)	-	-
Accounts payable	254,362	(497,422)	(4,206)	(1,579,148)
Accrued salaries	(560,733)	633,777	-	-
Vacation payable	(386,333)	655,793	-	-
Deferred revenue	(157)	928,388	-	-
Employee future benefits	70,000	9,800	-	-
	\$ (268,213)	\$ 1,081,200	\$ (13,091)	\$ (447,217)

9. Patient and Resident Trust Accounts

The RHA administers funds held in trust for patients and residents using the RHA's facilities. The funds are held in separate accounts for the patients or residents at each facility. The total cash held in trust as at March 31, 2017 was \$14,663 (2016 - \$14,901). These amounts are not reflected in the financial statements.

10. Related Parties

These financial statements include transactions with related parties. The RHA is related to all Saskatchewan Crown Agencies such as ministries, corporations, boards, and commissions under the common control of the Government of Saskatchewan. The RHA is also related to non-Crown enterprises that the Government jointly controls or significantly influences. In addition, the RHA is related to other non-Government organizations by virtue of its economic interest in these organizations.

a) Related Party Transactions

Transactions with these related parties are in the normal course of operations. Amounts due to or from and the recorded amounts of the transactions resulting from these transactions are included in the financial statements and the table below. They are recorded at exchange amounts which approximate prevailing market rates charged by those organizations and are settled on normal trade terms.

In addition, the RHA pays Provincial Sales Tax to the Saskatchewan Ministry of Finance on all its taxable purchases. Taxes paid are recorded as part of the cost of those purchases.

HEARTLAND REGIONAL HEALTH AUTHORITY

Notes to Financial Statements (continued)

Year ended March 31, 2017

10. Related Parties (continued)

	2017	2016
Revenues		
Ministry of Health	\$ 94,523,070	\$ 95,310,290
Subsidies from Saskatchewan Housing Corporation	101,921	137,124
Other	254,631	263,240
	\$ 94,879,622	\$ 95,710,654
Expenditures		
3sHealth	\$ 1,030,888	\$ 693,106
3sHealth Dental Plan	736,932	489,475
3sHealth Disability Plan	604,475	627,917
3sHealth Enhanced Dental/Extended Health Plan	1,716,813	1,736,316
Beechy Demaine Emergency Services	119,527	122,174
Bridgepoint Centre for Eating Disorders Inc.	586,964	586,964
Canadian Mental Health Assoc (Saskatchewan Division) Inc.	30,674	30,674
Cypress Regional Health Authority	83,412	92,939
Eatonia Oasis Living	121,593	119,971
Ehealth	292,662	142,010
Elrose Ambulance Service	13,498	13,497
Ministry of Central Services	31,116	53,825
North Sask Laundry	-	312,987
Other Regional Health Authorities	3,919	196
Prairie North Regional Health Authority	115,591	144,733
Prince Albert Parkland Health Region	-	854
Provincial Public Safety Telecommunications Network	90,552	102,029
Public Employees Pension Plan	36,776	32,733
Regina Qu'Appelle Health Region	22,495	-
Sask Energy Incorporated	441,044	484,455
Sask Power Corporation	1,168,736	1,087,448
Saskatchewan Workers' Compensation Board	1,082,328	1,166,372
Saskatchewan Finance	4,870	-
Saskatchewan Healthcare Employees' Pension Plan	5,073,567	5,016,038
Saskatchewan Telecommunications	497,758	377,224
Saskatoon Regional Health Authority	58,659	30,551
SGL Canada Insurance Services Ltd.	146,475	112,523
	\$ 14,111,324	\$ 13,577,011

HEARTLAND REGIONAL HEALTH AUTHORITY

Notes to Financial Statements (continued)

Year ended March 31, 2017

10. Related Parties (continued)

	2017	2016
Accounts Receivable		
3sHealth	\$ 13,375	\$ 821
Ehealth	13,975	6,631
Ministry of Health	507,938	728,199
Ministry of Social Services	1,266	-
Saskatchewan Workers' Compensation Board	46,166	25,294
SGL Canada Insurance Services Ltd.	22,088	19,115
St. Joseph's Integrated Health Centre of Macklin Inc.	4,120	3,351
	\$ 608,928	\$ 783,411
Prepaid Expenditures		
3sHealth	\$ 882	\$ -
Saskatchewan Telecommunications	16,502	-
Saskatchewan Workers' Compensation Board	238,750	247,262
SGL Canada Insurance Services Ltd.	104,556	97,739
	\$ 360,690	\$ 345,001
Accounts Payable		
3sHealth	\$ 72,055	\$ 48,252
Cypress Health Region	4,723	6,572
Eatonia Oasis Living	525	510
Ehealth	48,320	16,570
Prairie North Regional Health Authority	9,481	11,950
Provincial Public Safety Telecommunications Network	30,000	22,836
Ministry of Central Services	3,280	4,930
Saskatchewan Finance	136	-
Saskatchewan Telecommunications	-	64,090
Saskatoon Regional Health Authority	3,121	1,261
SGL Canada Insurance Services Ltd.	-	97,739
St. Joseph's Integrated Health Centre of Macklin Inc.	41,618	66,930
	\$ 213,259	\$ 341,640

HEARTLAND REGIONAL HEALTH AUTHORITY

Notes to Financial Statements (continued)

Year ended March 31, 2017

10. Related Parties (continued)

b) Health Care Organizations

i) Prescribed Health Care Organizations and Third Parties

The RHA has also entered into agreements with prescribed HCOs and Third Parties to provide health services.

These organizations receive operating funding from the RHA on a monthly basis in accordance with budget amounts approved annually. During the year, the RHA provided the following amounts to prescribed HCOs and Third Parties:

		2017		2016
Bridgepoint Centre for Eating Disorders Inc.	\$	586,964	\$	586,964
Canadian Mental Health Association (Saskatchewan Division) Inc.		30,674		30,674
	\$	617,638	\$	617,638

ii) Affiliates

The Act makes the RHA responsible for the delivery of health services in its region including the health services provided by privately owned affiliates. The Act requires affiliates to conduct their affairs and activities in a manner that is consistent with, and that reflects, the health goals and objectives established by the RHA. The RHA exercises significant influence over its affiliate by virtue of its material inter-entity transactions. There is also an interchange of managerial personnel, provision of human resources and finance/administrative functions with some affiliates.

The following presentation discloses the amount of funds granted to each affiliate:

		2017		2016
St. Joseph's Integrated Health Centre of Macklin Inc.	\$	2,368,247	\$	2,415,432
	\$	2,368,247	\$	2,415,432

HEARTLAND REGIONAL HEALTH AUTHORITY

Notes to Financial Statements (continued)

Year ended March 31, 2017

10. Related Parties (continued)

The Ministry of Health requires additional reporting in the following financial summaries of the affiliate entity for the years ended March 31, 2017 and 2016.

	2017	2016
Statement of financial position:		
Assets	\$ 356,698	\$ 342,648
Net capital assets	2,023,084	2,085,663
	\$ 2,379,782	\$ 2,428,311
Total liabilities	\$ 420,132	\$ 409,422
Total fund balances	1,959,649	2,018,889
	\$ 2,379,781	\$ 2,428,311
Results of operations:		
RHA grant	\$ 2,368,247	\$ 2,415,432
Other revenue	438,002	427,008
Total revenue	\$ 2,806,249	\$ 2,842,440
Salaries and benefits	\$ 2,326,521	\$ 2,386,876
Other expenses	538,967	552,288
Total expenses	\$ 2,865,488	\$ 2,939,164
Deficiency of revenue over expenses	\$ (59,239)	\$ (96,724)

Other expenses include amortization of \$138,120 (2016 - \$137,227).

Cash flows:

Cash from operations	\$ 23,141	\$ 49,074
Cash from (used in) investing and financing activities	9,791	(888)
Cash from capital	8,187	878
Increase in cash	\$ 41,119	\$ 49,064

Cash used in capital activities includes capital purchases of \$75,541 (2016 - \$39,626).

HEARTLAND REGIONAL HEALTH AUTHORITY

Notes to Financial Statements (continued)

Year ended March 31, 2017

11. Employee Future Benefits

a) Pension Plan

Employees of the RHA participate in one of the following pension plans:

1. Saskatchewan Healthcare Employees' Pension Plan (SHEPP) – This is jointly governed by a board of eight trustees. Four of the trustees are appointed by Health Shared Services Saskatchewan (3sHealth) (a related party) and four of the trustees are appointed by Saskatchewan's health care unions (CUPE, SUN, SEIU, SGEU, RWDSU, and HSAS). SHEPP is a multiemployer defined benefit plan, which came into effect December 31, 2002. (Prior to December 31, 2002, this plan was formerly the SAHO Retirement Plan and governed by the Saskatchewan Association of Healthcare Organizations (SAHO) Board of Directors).
2. Public Employees' Pension Plan (PEPP) (a related party) - This is a defined contribution plan and is the responsibility of the Government of Saskatchewan.

The RHA's financial obligation to these plans is limited to making the required payments to these plans according to their applicable agreements. Pension expense is included in Compensation – benefits in Schedule 1 and is equal to the RHA contributions amount below.

	SHEPP ¹	PEPP	Total 2017	Total 2016
Number of active members	1,362	8	1,370	1,385
Member contribution rate, percentage of salary	8.10-10.70%*	5.00-7.00%*		
RHA contribution rate, percentage of salary	9.07-11.98%*	6.00-7.00%*		
Member contributions	4,529,468	41,448	4,570,916	4,518,617
RHA contributions	5,073,567	36,776	5,110,343	5,048,771

* Contribution rate varies based on employee group.

1. Active members are employees of the RHA, including those on leave of absence as of March 31, 2017. Inactive members are not reported by the RHA, their plans are transferred to SHEPP and managed directly by them.

Pension plan contribution rates have increased as a result of deficiencies in SHEPP. Any actuarially determined deficiency is the responsibility of participating employers and employees in the ratio of 1.12 to 1. Contribution rates will continue to increase until the next actuarial reports are completed.

HEARTLAND REGIONAL HEALTH AUTHORITY

Notes to Financial Statements (continued)

Year ended March 31, 2017

11. Employee Future Benefits (continued)

b) Disability Income Plans

Employees of the RHA participate in one of the following disability income plans administered by 3sHealth:

1. General established in 1975
2. SEIU established in 1975 – affiliated with the Service Employees International Union
3. SUN established in 1982 – affiliated with the Saskatchewan Union of Nurses

The RHA's financial obligation to these plans is limited to making the required payments to these plans according to their applicable agreements. Disability expense is included in Compensation – benefits in Schedule 1 and is equal to the RHA contributions amount below.

	General	SEIU	SUN	Total 2017	Total 2016
Number of active members	176	918	292	1,386	1,406
Member contribution rate, percentage of salary	0.60-0.65%	1.25%	0.69%		
RHA contribution rate, percentage of salary	0.65-0.70%	1.25%	0.81%		
Member contributions	75,923	397,701	106,152	579,776	602,157
RHA contributions	82,537	397,295	124,643	604,475	627,917

c) Accumulated sick leave benefit liability:

The cost of the accrued benefit obligations related to sick leave entitlement earned by employees is actuarially determined using the projected benefit method prorated on service and management's best estimate of inflation, discount rate, employee demographics and sick leave usage of active employees. The RHA has completed an actuarial valuation as of March 31, 2016 and extrapolated this to March 31, 2017. Key assumptions used as inputs into the actuarial calculation are as follows:

HEARTLAND REGIONAL HEALTH AUTHORITY

Notes to Financial Statements (continued)

Year ended March 31, 2017

11. Employee Future Benefits (continued)

	2017	2016
Discount rate	2.40	1.90
Expected average remaining service life	12.6 years	12.6 years
Earnings increase for seniority, merit and promotion is as follows:		
Employee groups		
For ages 15 to 29	2.0%	2.0%
For ages 30 to 39	1.5%	1.5%
For ages 40 to 49	1.0%	1.0%
For ages 50 to 59	0.5%	0.5%
For ages 60 and over	0.0%	0.0%

	2017	2016
Accrued benefit obligation, beginning of year	\$ 3,043,600	\$ 3,033,800
Cost for the year		
Current period benefit cost	504,600	408,600
Employment benefit interest expense	86,300	62,200
Actuarial losses	53,500	26,800
Benefits paid during the year	(574,400)	(487,800)
Accrued benefit obligation, end of year	\$ 3,113,600	\$ 3,043,600

Unamortized actuarial losses at March 31, 2017 were \$508,700 (2016 - \$585,400).

12. Budget

The RHA Board approved the 2016-2017 budget plan on July 14, 2016.

HEARTLAND REGIONAL HEALTH AUTHORITY

Notes to Financial Statements (continued)

Year ended March 31, 2017

13. Financial Instruments

a) Significant terms and conditions

There are no significant terms and conditions related to financial instruments classified as current assets or current liabilities that may affect the amount, timing and certainty of future cash flows. Significant terms and conditions for the other financial instruments are disclosed separately in these financial statements

b) Financial risk management

The RHA has exposure to the following risk from its use of financial instruments: credit risk, market risk and liquidity risk.

The Chairperson ensures that the RHA has identified its major risks and ensures that management monitors and controls them. The Chairperson oversees the RHA's systems and practices of internal control, and ensures that these controls contribute to the assessment and mitigation of risk.

c) Credit risk

The RHA is exposed to credit risk from the potential non-payment of accounts receivable. The majority of the RHA's receivables are from Ministry of Health - General Revenue Fund, Saskatchewan Workers' Compensation Board, health insurance companies or other Provinces. Therefore, the credit risk on accounts receivable is minimal. The RHA is also exposed to credit risk from cash, short-term investments and investments.

The carrying amount of financial assets represents the maximum credit exposures as follows:

	2017	2016
Cash and short-term investments	\$ 15,610,490	\$ 14,598,831
Accounts receivable		
Ministry of Health - General Revenue Fund	507,938	728,199
Other	1,087,329	1,244,790
Investments	3,500,105	4,558,184
	\$ 20,705,862	\$ 21,130,004

The RHA manages its credit risk surrounding cash and short-term investments and investments by dealing solely with reputable banks and financial institutions, and utilizing an investment policy to guide their investment decisions. The RHA invests surplus funds to earn investment income with the objective of maintaining safety of principal and providing adequate liquidity to meet cash flow requirements.

HEARTLAND REGIONAL HEALTH AUTHORITY

Notes to Financial Statements (continued)

Year ended March 31, 2017

13. Financial Instruments (continued)

d) Market risk:

Market risk is the risk that changes in market prices, such as foreign exchange rates or interest rates will affect the RHA's income or the value of its holdings of financial instruments. The objective of market risk management is to control market risk exposures within acceptable parameters while optimizing return on investment.

(i) Foreign exchange risk:

The RHA operates within Canada, but in the normal course of operations is party to transactions denominated in foreign currencies. Foreign exchange risk arises from transactions denominated in a currency other than the Canadian dollar, which is the functional currency of the RHA. The RHA believes that it is not subject to significant foreign exchange risk from its financial instruments.

(ii) Interest rate risk:

Interest rate risk is the risk that the fair value of future cash flows or a financial instrument will fluctuate because of changes in the market interest rates.

The RHA's investments include guaranteed investment certificates and long-term bonds bearing interest at coupon rates. The RHA's mortgages payable outstanding as at March 31, 2017 and 2016 have fixed interest rates.

e) Liquidity risk:

Liquidity risk is the risk that the RHA will not be able to meet its financial obligations as they become due.

The RHA manages liquidity risk by continually monitoring actual and forecasted cash flows from operations and anticipated investing and financing activities.

At March 31, 2017, the RHA has a cash balance of \$15,610,490 (2016 - \$14,598,831).

f) Fair value:

The carrying amount of the following financial instruments approximate fair value due to their immediate or short-term nature:

- Accounts receivable
- Accounts payable, accrued salaries and vacation payable
- Cash and short term investments

The fair value of mortgages payable and long term debt before the repayment required within one year, is \$2,950,649 (2016 - \$3,345,896) and is determined using discounted cash flow analysis based on current incremental borrowing rates for similar borrowing arrangements, net of mortgage subsidies.

HEARTLAND REGIONAL HEALTH AUTHORITY

Notes to Financial Statements (continued)

Year ended March 31, 2017

14. Interfund Transfers

Each year the RHA transfers amounts between its funds for various purposes. These include funding capital asset purchases and reassigning fund balances to support certain activities.

	2017		2016	
	Operating Fund	Restricted Fund	Operating Fund	Restricted Fund
Capital asset purchases	\$ (133,134)	\$ 133,134	\$ (61,694)	\$ 61,694
Mortgage payments	(407,587)	407,587	(585,591)	585,591
Debt repayment	(271,912)	271,912	(201,041)	201,041
Other	(526,715)	526,715	(318,148)	318,148
	\$ (1,339,348)	\$ 1,339,348	\$ (1,166,474)	\$ 1,166,474

15. Energy Renewal Project

Energy performance contracting was a unique program that allows the RHA to implement facility improvements, reduce energy costs, improve health and comfort conditions while contributing to the province's environmental objectives. *SaskPower Energy Solutions* performed extensive research to establish a baseline of annual cost savings they guarantee as part of this project. The project is expected to provide utility cost savings that will pay for the cost and financing of this project within an established time frame. Any additional savings are calculated and verified by methods established in the contract and are applied to the loan. The RHA entered into a guaranteed energy performance savings contract with *SaskPower Energy Solutions Company*.

The total cost of the energy performance contract is \$1,538,746. Construction costs have been financed through a \$1,000,000 long term debt facility with a balance of \$704,704 outstanding (2016 - \$804,492), which bears interest at a rate of 4.48%. The term debt facility is amortized over a period of 15 years.

Results of the energy renewal project since its inception are:

	2017	2016	Prior	Total
Estimated utility savings	\$ 145,947	\$ 145,947	\$ 335,140	\$ 627,034
Interest cost	34,902	37,376	105,853	178,131

16. Pay for Performance

As part of government-wide fiscal restraint measures, the pay for performance compensation plan has been suspended for the fiscal years 2014-15 to 2016-17. This compensation plan was introduced in April 2011 and allowed senior employees to be eligible to earn lump sum performance adjustments of up to 110% of their base salary. In prior years, senior employees were paid 90% of current base salary and lump sum performance adjustments related to the previous year. Due to the suspension of the pay for performance compensation plan, senior employees will receive 100% of their base salary for the fiscal years 2014-15 to 2016-17.

HEARTLAND REGIONAL HEALTH AUTHORITY

Notes to Financial Statements (continued)

Year ended March 31, 2017

17. Collective Bargaining Agreements

The Service Employees International Union (SEIU) contract is in effect until March 31, 2017. The Saskatchewan Union of Nurses (SUN) contract is in effect until March 31, 2018. The Health Services Association of Saskatchewan (HSAS) contract is in effect until March 31, 2018.

18. Restructuring

The Government of Saskatchewan has announced its intention to consolidate the province's 12 existing Regional Health Authorities, including Heartland Regional Health Authority, into one single Provincial Health Authority. The consolidation is expected to occur in Fall 2017. Although Heartland Regional Health Authority will be dissolved upon completion of the consolidation, it is expected its assets, liabilities, and operations will continue as part of the Provincial Health Authority. As a result, these financial statements have been prepared on a going concern basis.

HEARTLAND REGIONAL HEALTH AUTHORITY

Schedule of Expenses by Object

Year ended March 31, 2017, with comparative information for 2016

	Budget 2017	Actual 2017	Actual 2016
Operating Fund:			
Advertising & public relations	\$ 88,385	\$ 45,464	\$ 49,207
Board costs	62,970	41,658	53,991
Compensation - benefits	13,486,227	13,380,518	13,209,776
Compensation - employee future benefits	70,000	70,000	9,800
Compensation - salaries	70,751,632	70,390,955	71,197,558
Continuing education fees & materials	120,155	154,788	93,052
Contracted-out services - other	832,020	884,333	895,561
Diagnostic imaging supplies	34,350	22,852	29,618
Dietary supplies	130,575	118,516	142,758
Drugs	684,022	707,702	730,181
Food	1,593,260	1,581,558	1,599,170
Grants to ambulance services	135,498	133,025	135,671
Grants to health care organizations & affiliates	2,975,614	3,014,172	3,090,357
Housekeeping & laundry supplies	619,812	644,270	626,747
Information technology contracts	511,106	573,087	512,175
Insurance	365,058	394,482	360,172
Interest	28,500	34,832	30,782
Laboratory supplies	703,329	774,316	746,832
Medical & surgical supplies	1,358,826	1,350,200	1,403,248
Medical remuneration and benefits	3,665,816	3,012,607	3,123,323
Meetings	36,050	9,001	18,812
Office supplies & other office costs	678,254	594,215	610,717
Other	550,173	629,571	615,932
Professional fees	1,033,603	984,223	948,899
Purchased salaries	382,446	383,245	282,844
Rent/lease/purchase costs	992,264	950,993	947,909
Repairs and maintenance	1,959,376	2,693,918	2,056,167
Supplies - other	197,138	235,007	231,029
Therapeutic supplies	29,020	24,069	17,792
Travel	908,781	803,301	859,724
Utilities	1,926,602	1,797,220	1,824,497
	\$ 106,910,862	\$ 106,434,098	\$ 106,454,301
Restricted Fund:			
Amortization		\$ 5,386,576	\$ 5,294,296
(Gain) loss on disposal of fixed assets		(76,136)	58,065
Mortgage interest expense		40,960	98,126
Other		112,037	93,694
		5,463,437	5,544,181
		\$ 111,897,535	\$ 111,998,482

HEARTLAND REGIONAL HEALTH AUTHORITY

Schedule of Investments

As at March 31, 2017

	Carrying Value	Maturity	Effective Rate
Restricted Cash and Investments			
Cash and Short Term Investments			
Chequing and Savings:			
Prairie Centre Credit Union - Rosetown	\$ 4,823,055		
RBC Dominion Securities	6,750		
	4,829,805		
Short Term Investments:			
GIC - Pacific & Western Bank	75,000	Jun 04, 2017	2.60%
GIC - Equitable Trust	75,000	Jun 05, 2017	2.55%
GIC - Korea Exchange Bank	75,000	Oct 23, 2017	2.25%
GIC - Canadian Western Bank	100,000	Dec 10, 2017	2.10%
	325,000		
Total Cash & Short Term Investments	\$ 5,154,805		
Long Term Investments			
GIC - Homeequity Bank	\$ 85,298	Jul 26, 2018	2.65%
GIC - Tangerine Bank	75,000	Oct 23, 2018	2.25%
GIC - Equitable Bank	69,396	Nov 21, 2018	2.65%
GIC - Montreal Trust Company of Canada	100,000	Dec 10, 2018	2.31%
GIC - State Bank of India	75,000	Oct 23, 2019	2.51%
GIC - Bank of Nova Scotia	100,000	Dec 10, 2019	2.57%
GIC - B2B Bank	100,000	Mar 11, 2020	2.15%
GIC - Laurentian Bank of Canada Trust	100,000	Mar 11, 2020	2.15%
GIC - Canadian Tire Bank	92,850	Jun 11, 2020	2.30%
GIC - Canadian Western Trust	100,000	Nov 30, 2020	2.26%
GIC - NATCAN Trust Company	100,000	Mar 04, 2021	2.17%
GIC - Home Trust Company	100,000	Jul 08, 2021	2.05%
GIC - National Bank of Canada	100,000	Dec 22, 2021	2.01%
GIC - General Bank of Canada	100,000	Mar 24, 2022	2.02%
	1,297,544		
Total Restricted Cash and Investments	\$ 6,452,349		

HEARTLAND REGIONAL HEALTH AUTHORITY

Schedule of Investments

As at March 31, 2017

	Carrying Value	Maturity	Effective Rate
Unrestricted Cash and Investments			
Cash and Short Term Investments			
Chequing and Savings:			
Prairie Centre Credit Union	\$ 6,514,107		
Alterna Investment Savings	701,084		
Kerrobert Credit Union	274,243		
Home Trust Interest Savings	98,732		
Innovation Credit Union	41,437		
Synergy Credit Union	14,929		
Biggar Credit Union	12,522		
Affinity Credit Union	9,928		
Co-op Equity Accounts	8,977		
Petty Cash	6,735		
Unity Credit Union	5,076		
CIBC	(12)		
	7,687,758		
Short Term Investments:			
Term Deposit - Prairie Centre Credit Union	\$ 1,149,246	Apr 20, 2017	0.45%
GIC - Concentra	236,666	Oct 11, 2017	2.78%
GIC - Manulife	236,666	Oct 11, 2017	2.61%
Term Deposit - Prairie Centre Credit Union	1,145,349	Nov 05, 2017	2.25%
	2,767,927		
Total Cash & Short Term Investments	\$ 10,455,685		
Long Term Investments			
Term Deposit - Prairie Centre Credit Union	\$ 525,375	Apr 11, 2018	2.50%
GIC - First West Credit Union	280,441	Aug 31, 2018	1.65%
GIC - First West Credit Union	249,758	Sep 07, 2018	1.65%
Term Deposit - Prairie Centre Credit Union	346,646	Apr 11, 2019	2.85%
Term Deposit - Prairie Centre Credit Union	283,484	Sep 22, 2019	2.80%
GIC - Concentra	173,460	Aug 31, 2020	2.25%
GIC - MCAN Mortgage Corporation	100,000	Aug 31, 2020	2.30%
GIC - Concentra	243,397	Sep 08, 2020	2.30%
	2,202,561		
Total Unrestricted Investments	\$ 12,658,246		
Total Cash and Investments	\$ 19,110,595		
Restricted investments consist of: Restricted donations and capital funding (Schedule 3), Replacement Reserves maintained under mortgage agreements with Canada Mortgage and Housing Corporation (CMHC) held in the Capital Fund and other Internally Restricted Funds (Schedule 4).			
Restricted and Unrestricted Totals			
Total Cash & Short Term	\$ 15,610,490		
Total Long-Term Investments	\$ 3,500,105		
Total Investments	\$ 19,110,595		

HEARTLAND REGIONAL HEALTH AUTHORITY

Schedule of Externally Restricted Funds

As at March 31, 2017, with comparative information for 2016

	Balance Beginning of Year	Donations	Other Capital Revenue, Net of Expenses	Transfer from Operating Fund	Transfer to Investment in Capital Asset Fund	Balance End of Year
Sask Health Initiatives						
Equipment Funding	\$ 313,595	\$ -	\$ 270,000	\$ -	\$ (186,392)	\$ 397,203
Diagnostic Equipment	12,734	-	-	-	-	12,734
Safety Equipment	9,990	-	-	-	-	9,990
Block Funding	544,672	-	326,191	-	(316,839)	554,024
Long Term Care Building Projects	720,487	5,125	-	-	12,948	738,560
EMS Radios	13,959	-	-	-	-	13,959
Total Sask Health	1,615,437	5,125	596,191	-	(490,283)	1,726,470
Non-Government of Sask Initiatives						
Donations	\$ 2,139,418	\$ 184,158	\$ 25,614	\$ -	\$ (357,437)	\$ 1,991,753
Other	537,898	-	54,469	-	(2,358)	590,009
Total Non-Government of Sask	2,677,316	184,158	80,083	-	(359,795)	2,581,762
Total Externally Restricted	\$ 4,292,753	\$ 189,283	\$ 676,274	\$ -	\$ (850,078)	\$ 4,308,232

HEARTLAND REGIONAL HEALTH AUTHORITY

Schedule of Internally Restricted Funds

Year ended March 31, 2017, with comparative information for 2016

	Balance Beginning of Year	Investment & Other Income	Annual Allocation to Unrestricted Fund	Transfer from Operating Fund	Transfer to Investment in Capital Asset Fund	Balance End of Year
Replacement Reserves						
Outlook Pioneer Home	\$ 56,897	\$ 711	\$ -	\$ -	\$ -	\$ 57,608
Kindersley Heritage Manor	230,537	2,882	-	-	-	233,419
Davidson Prairie View Lodge	183,317	2,292	-	-	-	185,609
Elrose & District Health Centre	75,625	945	-	-	-	76,570
Eston Jubilee Lodge	148,392	1,855	-	-	-	150,247
Total Replacement Reserves	694,768	8,685	-	-	-	703,453
Other Internally Restricted Funds						
Appropriated for Other	1,655,558	13,488	-	1,339,348	(1,142,116)	1,866,278
Total Internally Restricted	\$ 2,350,326	\$ 22,173	\$ -	\$ 1,339,348	\$ (1,142,116)	\$ 2,569,731

HEARTLAND REGIONAL HEALTH AUTHORITY

Schedule of Board Remuneration

Year ended March 31, 2017, with comparative information for 2016

RHA Members	Retainer	Per Diem	Travel and			CPP	Total 2017	Total 2016
			Travel Time Expenses	Sustenance Expenses	Other Expenses			
Anderson, Richard - Chairperson	\$ 9,960	\$ 5,156	\$ 2,119	\$ 3,481	\$ -	\$ 887	\$ 21,603	\$ 23,758
Baker, Carey	-	1,563	525	629	-	122	2,839	1,866
Goring, Loretta	-	1,619	175	336	-	-	2,130	2,755
Groves, Gary	-	1,563	-	-	-	-	1,563	1,825
Heintz, Bernadett	-	1,913	596	669	-	198	3,376	4,087
Ilott, Lorreen	-	1,263	313	448	-	35	2,059	2,745
Legg, Geoff	-	1,713	25	368	-	139	2,245	3,648
Lorenz, Hazel - Former	-	-	-	-	-	-	-	1,669
McIntyre, Norm	-	1,250	188	264	-	67	1,769	2,950
Nykiforuk, David - Former	-	-	-	-	-	-	-	1,269
Rankin, Lyle	-	1,063	188	289	-	40	1,580	1,804
Siemens, George - Former	-	-	-	-	-	-	-	1,088
Stockford, Mark	-	1,400	350	471	-	97	2,318	2,691
Whittles, Mary-Lou - Former	-	-	-	-	-	-	-	1,204
Total	\$ 9,960	\$ 18,503	\$ 4,479	\$ 6,955	\$ -	\$ 1,585	\$ 41,482	\$ 53,359

HEARTLAND REGIONAL HEALTH AUTHORITY

Schedule of Senior Management Salaries, Benefits, Allowances and Severance

Year ended March 31, 2017, with comparative information for 2016

Senior Employees	Salaries ¹	Vacation Payout ¹	Sub-total (Total Salaries)	Benefits and Allowances ²	Severance Amount	Total 2017	Salaries, Benefits & Allowances ^{1,2}	Severance	Total 2016
Cummings, Gregory - President/CEO	\$ 137,240	\$ 125,098	\$ 262,338	\$ -	\$ -	\$ 262,338	\$ 301,077	\$ -	\$ 301,077
Riendeau, Gayle - Interim President/CEO	139,359	-	139,359	810	-	140,169	-	-	-
Bosch, Stacey - Vice President of Corporate Services	180,441	-	180,441	405	-	180,846	195,253	-	195,253
Pejunen, Shelia - Vice President of Human Resources	179,023	-	179,023	1,635	-	180,658	196,750	-	196,750
Munro, Jeannie - Vice President of Primary Health & Quality Services	180,674	-	180,674	810	-	181,484	210,998	-	210,998
Riendeau, Gayle - Vice President of Health Services	98,410	-	98,410	-	-	98,410	248,528	-	248,528
Pierrepoint, Wayne - Director of Environmental Services	123,922	-	123,922	-	-	123,922	123,628	-	123,628
Ledding, Dr. David - Sr Medical Manager	-	-	-	-	-	-	2,070	-	2,070
Williams, Dr. Lyle - Sr Medical Manager	191,156	-	191,156	-	-	191,156	170,578	-	170,578
Total	\$ 1,230,225	\$ 125,098	\$ 1,355,323	\$ 3,660	\$ -	\$ 1,358,983	\$ 1,448,882	\$ -	\$ 1,448,882

1. Salaries include regular base pay, overtime, honoraria, sick leave, vacation leave, and merit or performance pay, lump sum payments, and any other direct cash remuneration. Refer to Note 16 for further details.

2. Benefits and Allowances include the employer's share of amounts paid for the employees' benefits and allowances that are taxable to the employee. This includes taxable, professional development, education for personal interest, non-accountable relocation benefits, personal use of an automobile, cell-phone, computer, etc. As well as any other taxable benefits.